|                                                                                                                                                                                                                                                                                                           | n (+) Inside this box ->                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | JUN 5 2003                                                                                      | PTO/\$8/21 (08-00)                                                                                                                                                                                                                                                            |  |  |  |  |
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| Approved for use through 10/31/2002. OMB 0851-0031  DETUIS (Pation Gird) Fragmark Office: U.S. DEPARTMENT OF COMMERCE  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a confection of information unlass it displays a valid OMB control number.                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                               |  |  |  |  |
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| TRAN                                                                                                                                                                                                                                                                                                      | ISMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Filing Date                                                                                     | 27 Oct 99                                                                                                                                                                                                                                                                     |  |  |  |  |
| F                                                                                                                                                                                                                                                                                                         | ORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | First Named Inventor                                                                            | Alexander G. SZYNALSKI                                                                                                                                                                                                                                                        |  |  |  |  |
| (to be used for all con                                                                                                                                                                                                                                                                                   | rrespondence after initial filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Group Art Unit                                                                                  | Office of Petitions                                                                                                                                                                                                                                                           |  |  |  |  |
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| Total Number of Pag                                                                                                                                                                                                                                                                                       | ges in This Submission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Attorney Docket Number                                                                          | r Goen                                                                                                                                                                                                                                                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                           | ENCL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OSURES (check                                                                                   | all that apply)                                                                                                                                                                                                                                                               |  |  |  |  |
| Fee Transmittal Form Fee Attached  Amendment / Reply  After Final  Affidavits/declarat  Extension of Time Reque  Fxpress Abandonment R  Information Disclosure St  Certified Copy of Priority Document(s)  Response to Missing Par Incomplete Application  Response to Missing Par Incomplete Application | I (for en A Drawing Licensin Petition Provisio Provisio Change Address Termina Request CD. Null Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ng-related Papers I to Convert to a Consi Application of Attorney, Revocation of Correspondence | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Natice, Belef, Repty Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Rule 322(a)(4) Response |  |  |  |  |
|                                                                                                                                                                                                                                                                                                           | The state of the s | CANT, ATTORNEY, OR A                                                                            | AGENT                                                                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                                                                                                                                                                                           | armaceutical Patent Atton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | neys, LLC                                                                                       |                                                                                                                                                                                                                                                                               |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                 | MalPll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                                                                                                                                                                                                                               |  |  |  |  |
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| CERTIFICATE OF MAILING                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                               |  |  |  |  |
| I hereby certify that this correspondence is being deposited with the United States Poetal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:    Sec below date                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                                                                                                                                                                                                               |  |  |  |  |
| Typed or printed name                                                                                                                                                                                                                                                                                     | Jacqueline SENDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                                                                                                                                                                                                                                                               |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date                                                                                            | e 05 June 03                                                                                                                                                                                                                                                                  |  |  |  |  |

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PTO/SB/97 (08-00 Approved for use through 10/31/2002. OMB 0651-003 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCI Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

# Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on 05 June 03

Date

Signature

Jacqueline SENDON

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

The submitted papers are enumerated on the enclosed Transmittal Form, PTO Form SB/21.

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 130.00

| Complete if Known    |                     |               |  |  |
|----------------------|---------------------|---------------|--|--|
| Application Number   | 09/427,447          |               |  |  |
| Filing Date          | 27 Oct 99           |               |  |  |
| First Named Inventor | Alexander G. SZY.   | NALSKI        |  |  |
| Examiner Name        | Brian HEARN         | ٠.            |  |  |
| Group Art Unit       | Office of Petitions |               |  |  |
| Attorney Docket No.  | Goen                | F-0.14 F-0.14 |  |  |

| METHOD OF PAYMENT                                                                                                         | FEE CALCULATION (continued)                                                               |                                              |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------|--|--|--|
| 1. The Commissioner is hereby authorized to charge                                                                        |                                                                                           | <del>JUN 5 29</del> 03                       |  |  |  |
| Deposit Deposit                                                                                                           | Large Small                                                                               |                                              |  |  |  |
| Account<br>Number                                                                                                         | Entity Entity Fee                                     | TITIONS OF IC                                |  |  |  |
| Deposit<br>Account                                                                                                        |                                                                                           |                                              |  |  |  |
| Name                                                                                                                      | 105 100 205 65 Surcharge - tate faing ree or oath                                         | 0.00                                         |  |  |  |
| Charge Any Additional Fee Roquired .<br>Under 37 CFR 1.18 and 1.17                                                        | 127 50 227 25 Surcharge - late provisional filing fee or cover sheet                      | 0.00                                         |  |  |  |
| Applicant claims small entity status. Sog 37 CFR 1.27                                                                     | 139 130 139 130 Non-English specification                                                 | 0.00                                         |  |  |  |
| 2. Payment Enclosed:                                                                                                      | 147 2,520 147 2,520 For filing a request for ex parte reexamination                       | 0.00                                         |  |  |  |
| Check Credit card Order Other                                                                                             | 112 920* 112 920* Requesting publication of SIR urior to Examiner action                  | 0.00                                         |  |  |  |
| FEE CALCULATION                                                                                                           | 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action                 | 0.00                                         |  |  |  |
| 1. BASIC FILING FEE                                                                                                       | 115 110 215 55 Extension for reply within first month                                     | 0.00                                         |  |  |  |
| Large Entity Small Entity                                                                                                 | 116 400 216 200 Extension for reply within second month                                   | 0.00                                         |  |  |  |
| Fee Fee Fee Fee Description Code (6) Code (5) Fee Paid                                                                    | 117 920 217 460 Extension for reply within third month                                    | 0.00                                         |  |  |  |
| 101 740 201 370 Utility filing fee 0.001                                                                                  | 118 1,440 218 720 Extension for rapily within fourth month                                | 0.00                                         |  |  |  |
| 106 330 206 165 Design filing fee 0.00                                                                                    | 128 1,960 228 980 Extension for reply within fifth month                                  | 0.00                                         |  |  |  |
| 107 510 207 255 Plant filling foe                                                                                         | 119 320 219 160 Notice of Appeni                                                          | 0.00                                         |  |  |  |
| 108 740 208 370 Reissue filing fee                                                                                        | 120 320 220 160 Filing a brief in support of an appeal                                    | 0.00                                         |  |  |  |
| 114 160 214 80 Provisional filing fee 0.00                                                                                | 121 280 221 140 Request for oral hearing                                                  | 0.00                                         |  |  |  |
| SUBTOTAL (1) (\$) 0.00                                                                                                    | 138 1,510 138 1,510 Petition to institute a public use proceeding                         | 0.00                                         |  |  |  |
| 2. EXTRA CLAIM FEES                                                                                                       | 140 110 240 55 Petition to revive - unavoidable                                           | 0.00                                         |  |  |  |
| Fee from                                                                                                                  | 141 1,280 241 640 Petition to revive - unintentional                                      | 0.00                                         |  |  |  |
| Total Claims 0 -20" = 0 x 9.00 40.00                                                                                      | 142 1,280 242 640 Utility issue fee (or reissue)<br>143 460 243 230 Design issue fee      | 0.00                                         |  |  |  |
| Independent 6 -3** = 3 x 42.00 = 0.00                                                                                     | 144 620 244 310 Plant issue fee                                                           | 0.00                                         |  |  |  |
| Multiple Dependent = 0.00                                                                                                 | 122 130 122 130 Petitions to the Commissioner                                             | 130.00                                       |  |  |  |
|                                                                                                                           | 123 50 123 50 Processing foc under 37 CFR 1,17(q)                                         | 0.00                                         |  |  |  |
| Large Entity Small Entity Fee Fee Fee Fee Description                                                                     | 126 180 126 180 Submission of Information Disclosure Stmt                                 | 0.00                                         |  |  |  |
| Code (\$) Code (\$)<br>103 18 203 9 Cialms in excess of 20                                                                | 581 40 581 40 Recording each patent assignment per property (times number of properties). | 0.00                                         |  |  |  |
| 102, 84 202. 42 Independent claims in excess of 3                                                                         | 146 740 246 370 Filing a submission after final rejection                                 | 0.00                                         |  |  |  |
| 104 280 204 140 Multiple dependent claim, if not paid                                                                     | (37 CFR § 1.129(a)) 149 740 249 370 For each additional invention to be                   | <u>.                                    </u> |  |  |  |
| 109 84 209 42 "Reissue independent claims over original patent                                                            | ехвліпеd (37 CFR § 1.129(b))                                                              | 0.00                                         |  |  |  |
| 110 18 210 9 "Reissue claims in excess of 20 and over original patent                                                     | 179 740 279 370 Request for Continued Examination (RCE)                                   | 0.00                                         |  |  |  |
| and over original paterit                                                                                                 | 169 900 169 900 Request for expedited examination of a design application                 | 0.00                                         |  |  |  |
| SUBTOTAL (2) (\$) 0.00 Other fee (specify)                                                                                |                                                                                           |                                              |  |  |  |
| "or number previously paid, if greater; For Reissues, see above Reduced by Basic Filing Fee Pald SUBTOTAL (3) (\$) 130.00 |                                                                                           |                                              |  |  |  |

| SHAMITTED BY    |           |                         | Complete ( | if applicable) |
|-----------------|-----------|-------------------------|------------|----------------|
| Name (РилиТуре) | Mark POHL | Registration No. 35,325 | Telephone  | (973) 984-0076 |
| Signature       | LINUIL    |                         | Date       | 5 June 03      |

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# 26

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor Serial No. Filing Date Title

I itle Group Art Examiner Alexander G. SZYNALSKI

09/427,447 27 Oct. 1999

Stop Smoking Method & Composition

Office of Petitions

Brian HEARN, Senior Petitions Examiner

Commissioner of Patents
Post Office Box 1450
Attn: Box DAC / Office of Petitions
Alexandria, VA 22313-1450
Facsimile (703) 308-6916
BY FACSIMILE AND
FIRST CLASS MAIL

FAX RECEIVED JUN 5 2003

PETITIONS OFFICE

Rule 322(a)(4) RESPONSE and Rule 181 PETITION

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This is a Rule 322(a)(4) RESPONSE to the LETTER RE CERTIFICATE OF CORRECTION mailed 6 May 2003. This is also a Rule 181 PETITION to invoke the supervisory authority of the Commissioner.

Applicant respectfully objects to the proposed Certificate of Correction. Applicant thus petitions for an order staying issue of the requested Certificate.

### FACTUAL BACKGROUND

The factual record indicates that the issued claims are intended to read as printed in the issued patent. The prosecution history shows the following:

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The original patent application describes a stop-smoking method. Exhibit A (A.G. Szynalski, STOP SMOKING METHOD (27 Oct. 1999)). The claims cover a three part invention. The claims as filed recite:

- (A) an educational program;
- (B) a hypnosis program; and
- (C) lobelia.

030,00 EP

The patent application describes lobelia, and its efficacy as an anti-smoking drug due to lobelia's antidepressant and anxiolytic activity. Thus, claim element (C), as-filed, covers lobelia literally. Under the doctrine of equivalents, claim element (C) also covered equivalent substances (e.g., substances which perform the same function as lobelia, in the same way, to produce the same result).

The Patent Examiner's search revealed no prior art which suggested combining education and hypnosis with lobelia. Further, the search revealed no art suggesting combining education and hypnosis with any lobelia equivalent. Exhibit B (OFFICE ACTION (2 March 01)).

Applicant accordingly proposed changing the term "lobelia" to encompass such equivalents literally, rather than under the doctrine of equivalents. This amendment is permissible because knowledge generally available in the art need not be reiterated in the patent application itself; such information may be provided by the art. MANUAL OF PATENT EXAMINING PROCEDURE § 2164.04 (2002), discussing In re Wright, 999 F.2d 1557, 1562 (Fed. Cir. 1993) and In re Marzocci, 439 F.2d 220 (C.C.P.A. 1971). Accordingly, the "Examiner agreed to consider claims addressed to the use of anti-depressants instead of lobelia, but requested information on efficacy in this usage." Exhibit C (INTERVIEW SUMMARY (19 Sept. 2001)).

Applicant accordingly provided this information, showing that antidepressants are known to be effective anti-smoking agents. Exhibit D (AMENDMENT (19 Sept. 2001)). Applicant also requested amending the claim to replace the term "lobelia" with the term "anti-smoking drug." This amendment makes the claim cover lobelia equivalents literally, rather than under the doctrine of equivalents. The AMENDMENT, at page 5, explains:

Element C is broadened to encompass equivalents of lobelial literally.

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The Specification teaches that lobelia is an antidepressant acetylcholine receptor binder. Specification at 13-15. The Specification teaches other examples of antidepressants, id. at 18 (gotu kola extract; kava kava root).

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It is known in the art that antidepressants can be used as stop smoking drugs. For example, buproprion hydrochloride is sold as both an antidepressant (commercially available under the trademark WELLBUTRIN® from Glaxo-Wellcome Inc., Chapel Hill, North Carolina) and a stop-smoking drug (commercially available under the trademark ZYBAN® from Glaxo-Wellcome Inc., Chapel Hill, North Carolina). Physicians' Desk Reference at 1277 et seq. (1999). Antidepressants 'produce[] a calming effect within the body, thereby relieving the stress associated with nicotine withdrawal symptoms.' Specification at 18, lines 8-9. This probably explains why individuals quitting smoking feel better when an anti-smoking drug. Id. at 15, lines 12-14.

Accordingly, element (C) is broadened to encompass stopsmoking drugs generally, and dependent claims 21-24 are added to recite lobelia specifically.

Thus, the amendment doesn't necessarily change the outer limits of the claim scope, but changes the legal theory on which lobelia equivalents are covered covering them literally, rather than under the doctrine of equivalents.

In response, the Examiner acknowledged that, as discussed in the 19 Sept. 2001 INTERVIEW SUMMARY, "[t]he term 'anti-smoking drug is broader in scope than [] lobelia." Exhibit E (OFFICE ACTION (4 Dec. 2001)).

The Examiner, however, changed position regarding whether the claim term "lobelia" may be so amended, arguing that evidence regarding knowledge in the art cannot be used to broaden literal claim coverage. <u>Id</u>.

The position taken in the OFFICE ACTION is contrary to law and internal Patent Office procedure. It thus precipitated another interview. The record for the ensuing interview says, "Agreed to Examiner's Amendment to place application in condition for allowance." Exhibit F (INTERVIEW SUMMARY (14 Dec. 2001)).

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Alexander G. SZYNALSKI Serial No. 09/427,447 Response and Petition Page 4

Regrettably, the INTERVIEW SUMMARY fails to specify exactly what amendment was agreed to.1

The Office then issued a NOTICE OF ALLOWABILITY. Exhibit G (NOTICE OF ALLOWABILITY (15 Jan. 03)). The NOTICE proposed an Examiner's Amendment Id. at page 2. This amendment was proposed erroneously, because it was neither agreed to by the Applicant, nor supported by law.

Before Applicant filed an objection to the Examiner's Amendment, the Office corrected its error and withdrew the Examiner's Amendment, replacing the erroneous NOTICE with a CORRECTED NOTICE OF ALLOWABILITY. <u>Exhibit: H</u> (CORRECTED NOTICE OF ALLOWABILITY (4 Feb. 03)). The CORRECTED NOTICE corrects the prior NOTICE, omitting the erroneous Examiner's Amendment.

The claims as issued recite "anti-smoking drug," not "lobelia." <u>Exhibit I</u> (U.S. Letters Patent No. 6,431,874 (13 Aug. 02)).

**LEGAL ANALYSIS** 

Applicant respectfully believes the request for a Certificate of Correction in this case should not be granted, for several reasons. First, the records of the Patent Office do not clearly and unambiguously show the claims were printed in error; to the contrary, the record shows the Office corrected a potential error in a timely fashion. Second, the error alleged is not correctable under 35 U.S.C. § 254 as a matter of law. Third, the error alleged is not "of consequence" as is required under 35 U.S.C. § 254. We discuss each in turn.

The Patent Office Record does not clearly and unambiguously show error

An issued patent is presumed valid. 35 U.S.C. § 282. This presumption includes a presumption that the Patent Office acted correctly in reviewing and

<sup>&</sup>lt;sup>1</sup> What was agreed to, was entry of an Examiner's Amendment when and if the Examiner would make of record prior art teaching the three-part combination of (A) education and (B) hypnosis and (C) a non-lobelia anti-smoking drug.

issuing the patent. See <u>Superior Fireplace Co. v. Majestic Prods. Co.</u>, 270 F.3d 1358, 1381 (Fed. Cir. 2001). This statutory presumption of validity must be rebutted by clear and convincing evidence. *E.g.*, <u>Ethicon, Inc. v. Quigg</u>, 849 F.2d 1422 (Fed. Cir. 1988).

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Here, the factual record fails to establish "clear and convincing" evidence of the alleged error. To the contrary, the record shows the claims as issued were correctly issued *vis* both the prior art of record and the papers of record. The proposed Examiner's Amendment would have violated both law and internal Office procedure, and the Office accordingly rectified this potential error.

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It may be argued that the Examiner intended to include the Examiner's Amendment in the Corrected Notice of Allowability, but the Examiner's Amendment was omitted inadvertently. This theory fails to establish "clear and convincing" evidence of error, because it is entirely speculative, and relies on speculation regarding the Examiner's subjective intent. Evidence regarding the Examiner's intent - speculative or otherwise - cannot be relied on in proving "error." See Superior Fireplace Co., 270 F.3d at 1369-70 (parol evidence is generally not allowable to prove typographical or clerical error). The file itself, and the Manual of Patent Examining Procedure pursuant to which the file was processed, both indicate that the claims issued correctly.

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It may alternatively be argued that the CORRECTED NOTICE OF ALLOWABILITY was intended to replace the original NOTICE not completely, but only partially, leaving some unspecified part of the original NOTICE (the Examiner's Amendment) in place. Assuming the CORRECTED NOTICE was intended to replace the original NOTICE only partially, it is incumbent on the Office to clearly communicate to the Applicant what part(s) of the NOTICE is intended to be changed, and what part(s) remains unchanged. Sneaking an Examiner's Amendment into the claims by deceiving the Applicant regarding the status of the amendment would divest Applicant of its statutory right to have the Examiner's decision reviewed by the Board of Patent Appeals.

Here, the Office failed to clearly apprise Applicant of any intent to replace the erroneous Notice only in part. No continued intent to change Applicant's claims was communicated to Applicant, nor even to the Patent Office's own Publications Branch (who saw no error in the claims), nor to the Patent Office's own Office of Patent Quality Review (who saw no error in the claims). Having failed to notify Applicant (nor the other branches of the Patent Office) of its intent to enter an unauthorized amendment to Applicant's patent, the Office cannot now do so.

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Issuing these claims "by mistake" would require three different PTO departments to each independently make errors

Issuing the claims in error, would require three independent Patent Office departments to have made three independent errors. First, the Patent Examiner would need to erroneously fail to include - nor even mention - the Examiner's Amendment in the Corrected Notice of Allowance mailed to the Applicant. Second, the Patent Office Printing Branch would need to neglect to read the prosecution file and properly enter the Examiner's Amendment in the printed patent. Third, the P1O's own Office of Patent Quality Review would need to overlook the mismatch between the Examiner's Amendment and the to-be-published claims.

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It is not impossible that these three independent departments of the Patent Office would each independently err. It is not impossible that these three independent errors would coincidentally pertain to the same part of the patent - the single most important part of the patent. While it is not impossible, the record fails to show "clear and convincing" evidence proving these three separate errors.

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To the contrary, these alleged errors appear contradicted by the file. This is because Office procedure empowers the appropriate PTO Group to investigate the factual basis for a Certificate of Correction, and to prepare a report documenting these findings. Manual of Patent Exam. Proc. § 1485 (2002). Here, no such report appears in the file. No report appears to have even been

requested. The Office's own failure to bother to request such a report intimates that the Patent Office believes the report would not provide any evidence to support the errors alleged.

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The error alleged is not correctable under 35 U.S.C. 254

The patent statute provides a variety of procedures to correct the alleged error. A Certificate of Correction is not one of them.

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The claims do not have an "immediately apparent" typographical error

The purpose of Section 254 is explained in its legislative history. In introducing the bill to the House of Representatives, Representative Lanham explained,

The purpose of this bill is to save time and money and also promote

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efficiency in the operation of the Patent Office. The Patent Office is issuing approximately 40,000 patents a year. There are 15 linotype machines at the Government Printing Office engaged in doing nothing but the necessary printing for the Patent Office. Naturally, in the work at the Government Printing Office, and also in the work at the Patent Office itself, in such voluminous printing, certain typographical errors appear and patents are frequently issued under seal with these errors. There has been a custom prevailing in the Patent Office for 30 years, whenever these errors are detected, which are clearly clerical errors, to append a certificate of correction to the patent to show that the error was a typographical error, and the certificate explains this.

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65 Cong. Rec. 6842-43 (1924) (emphasis added). Section 254 thus allows correction of typographical errors. Clerical or typographical errors are "generally understood to include simple mistakes such as obvious misspellings that are immediately apparent. Upon viewing such a misspelling, there is no doubt that a mistake, indeed a clerical or typographical mistake, has occurred." Superior Fireplace Co. v. Majestic Prods. Co., 270 F.3d 1358, 1369-70 (Fed. Cir. 2001) (italics added). An example of an error immediately apparent is an error which

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"renders the claim meaningless when read literally." Sargent-Welch Scientific Co. v. J/B Industries, Inc., 496 F.Supp. 972, 978 (N.D.III. 1980).

Here, the mistake alleged is not "immediately apparent" on reading the claims. The claims are not "meaningless when read literally." There is no allegation that "upon reading the claims, there is no doubt that a mistake, indeed a clerical or typographical mistake, has occurred." To the contrary, the issued claims read clearly, and are fully supported by law, by the art of record and by the prosecution history. There is no allegation to the contrary.

The alleged error is not subject to a Certificate of Correction

The REQUEST FOR A CERTIFICATE OF CORRECTION alleges that the patentee has claimed more than it had a right to claim. Procedures to correct this kind of alleged error are available under any of 35 U.S.C. § 135 (interferences); 35 U.S.C. § 251 (reissue), 35 U.S.C. § 302 (ex parte reexamination); and/or 35 U.S.C. § 311 (inter partes reexamination).

In contrast, the kind of error alleged is not correctable under 35 U.S.C. § 254. This is because alleged errors which change the scope of an issued claim cannot be corrected by a Certificate of Correction as a matter of law. This is because "Where a proposed correction involves a change in claim scope, the reissue statute is controlling, not the provisions of law governing Certificates of Correction." In re Arnott, 19 U.S.P.Q.2d 1049, 1054 (Commr. Pat. 1991), citing Eagle Iron Works v. McLanahan Corp., 429 F.2d 1375, 1383 (3rd Cir. 1970); accord, In re Shirouchi, 204 U.S.P.Q. 513 (Commr. Pat. 1979) (request to correct claims requires claim amendment beyond the scope of Certificate of Correction; the proper route to amend claims is a reissue proceeding); see also Superior Fireplace Co. v. Majestic Prods. Co., 270 F.3d 1358, 1375 (Fed. Cir. 2001) (as a matter of law, an alleged "mistake" that would change the scope of a claim "must thus be viewed as highly important and thus cannot be a mistake of 'minor character.").

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The Certificate of Correction requestor is well aware of the procedural safeguards mandated in interferences, reissues, ex parte reexamination and inter partes reexamination. The requestor is well aware such safeguards do not exist in reviewing a Certificate of Correction. See Hallmark Cards, Inc. v. Lehman, 959 F.Supp. 539, 543 (D.D.C. 1997) ("the PTO conducts a thorough and comprehensive review of a patent in reissue and reexamination proceedings" while "Certificates of Correction [] involves a far less intrusive examination of a patent for minor, typographical, and clerical errors"). The requestor attempts to have the Office shortcut required procedural safeguards, by using an inapposite procedure. Granting this request is respectfully believed beyond the Office's statutory authority.

# The requestor has not alleged any "error of consequence"

A Certificate of Correction should only be requested if the error alleged is "of consequence." MANUAL OF PATENT EXAMINING PROCEDURE § 1480 (2002). Here, it is not.

Here, the REQUEST FOR CERTIFICATE OF CORRECTION says the alleged error is "of consequence" because the patent holder is asserting the patent against the requestor. Contrary to the REQUEST FOR CERTIFICATE OF CORRECTION, asserting the patent against the requestor does not make the alleged error "of consequence." To the contrary, asserting the patent against the requestor moots the Certificate of Correction.

This is because a Certificate of Correction has effect only "on the trial of actions for causes thereafter arising," 35 U.S.C. § 254, i.e., causes arising after the Certificate of Correction issues, Southwest Software, Inc. v. Harlequin Inc., 226 F.3d 1280, 1295 (Fed.Cir. 2000) (Certificate has prospective effect only). Thus, the Certificate should have no effect at all on the already-pending lawsuit. This rule is logical; if the Federal Circuit allowed Certificates of Correction to retroactively change patent claims, then every accused infringer would file a

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blizzard of requests for correction, making resolution of pending infringement actions impossible.

The requestor has already been sued for infringement. The Certificate of Correction request should have no consequence on this already-pending litigation. Rather, the accused infringer's remedy for allegedly over-broad claims would be to prove in the pending litigation that the Issued claims are invalid vis the prior art. Because the alleged error is not "of consequence" as a matter of law, the Office should accordingly deny the request. See Manual of Patent Examining PROCEDURE § 1480 (2002).

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#### **POINT TO BE REVIEWED**

Whether the Office should issue a Certificate of Correction in this case?

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#### ACTION REQUESTED

Applicant respectfully believes a Certificate of Correction is not legally issuable on the existing factual record. Applicant accordingly requests that the Office deny the third-party Request for a Certificate of Correction.

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#### **ENCLOSURES**

The exhibits discussed and a Petition fee are enclosed.

Respectfully submitted.

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\_ Esq., Reg.No. 35,325

5 June 2003

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### Stop Smoking Method and Composition

By Alexander Goen Szynalski

A portion of the disclosure of this patent document contains material which is subject to copyright protection. The copyright owner has no objection to the facsimile reproduction by anyone of the patent disclosure, as it appears in the Patent and Trademark Office patent files or records, but otherwise reserves all copyright rights whatsoever.

#### Background

The prior art discloses many stop-smoking products and methods including, for example; (A) education to educate smokers regarding smoking, its physiological dangers and addictive nature, and conscious techniques to stop smoking; (B) hypnosis, to use the unconscious mind to stop smoking; and (C) nutritional supplements, addressing the nutritional challenges with regard to stopping smoking.

#### Summary

While using each one of these three elements is known in the art, I have found that by combining all of these three

20 elements together, they act on the three areas most important for stopping smoking - the conscious mind, the unconscious mind, and the body - and are synergistically effective in helping people to stop smoking.

This synergy was unexpected. I am a Certified Hypnotist

25 and am a Nutritionist, with over twenty years experience in the
fields of hypnosis, seminar presentation and nutrition. I am a
member of the American Association of Professional
Hypnotherapists, the National Guild of Hypnotists, the

International Association of Counselors and Therapists, and am certified by the Hypnodyne Foundation. I am listed in Who's Who in Executives and Professionals, and I was a finalist for the 1999 Ernst & Young Entrepreneur of the Year award. I have been a special guest on numerous national television and radio programs, and was featured on the #1 television fitness show in the country. I maintain a practice in Cedar Knolls, New Jersey. I have successfully used hypnosis in many types of situations. I have, for example, worked with athletes to improve their athletic performance, and have worked with corporations as a sales and personal-development trainer. I am driven by a sincere passion for helping people maximize their personal potential and overcome addictions to smoking and food. I enjoy a reputation for extremely high success through my seminars.

#### Detailed Description

My invention therefore comprises three elements: (1) education for the conscious mind regarding smoking, its physiological dangers and addictive nature, and techniques to stop smoking; (2) hypnosis for the unconscious mind, which hypnosis addresses the unconscious mind and its way of affecting behavior; and (3) dietary substances, to address the physiological needs of a person entailed in stopping smoking.

Education. The first element of my invention is education regarding smoking. This educational process can include addressing the benefits of a regular exercise program. Thus, the educational materials or program educates the smoker to engage in some form of light exercise. Not only will exercise help clear the body of the toxins acquired through smoking, but exercise will

also help release endorphins which relieve stress as well as making you feel good. Exercise will rapidly reverse the damage done to the body from smoking. If the smoker has not engaged in exercise for a long time, or the smoker has a weight problem or any other health problem, the smoker should consult their physician before starting any regimen of exercise.

In addition to this, I have found that in my preferred embodiment of my invention, the education program also addresses the physiological progression of smoking, its physiological dangers and addictive nature, and some conscious techniques to stop smoking.

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The physiological progression of smoking entails three discreet steps. Knowing these steps helps the smoker recognize them as they occur, and thus recognize the needs they fill.

Stage 1 - Light a cigarette and inhale. This takes about 7 seconds. The deep breath of the inhale increases the flow of blood and oxygen to the heart and you feel more relaxed (not due to the cigarette, but due to the deep breath).

Stage 2 - Seven seconds to fifteen minutes later, nicotine enters the liver, which in turn releases sugar into the bloodstream. This results in a physical uplift (not from the cigarette, but from the release of sugar into the bloodstream) which then in turn causes the pancreas to release insulin into the bloodstream. This gives you an energy boost. Normally, it is a temporary energy boost because the muscle cells of the body are resistant to

insulin. So what happens is that your energy level goes up and then crashes, all over again. In fifteen minutes, you want to start smoking again due to the tense feelings you experience from your energy level being reduced. What we suggest is for you to sensitize your body to insulin. Before we suggest how you do this, you first should study the two diagrams pictured below. To better understand this phenomenon, we will provide an in depth clarification of the diagrams.

10 Stage 3 - Fifteen to twenty minutes after beginning to smoke, the nicotine interrupts the normal transmission of neurons by competing with acetylcholine at the nerve terminal, producing such effects as an increased heart rate and respiration, along with feelings of tension and of being "wired up." It also increases arousal and a sense of well-being and focused attention. A side benefit to understanding this step is to take proper nutrients so you do not allow this physical and physiological progression of smoking to occur. This will help with maintaining or even reducing weight and increasing lean muscle tissue.

In my preferred embodiment, the smoker is educated on the physiological dangers and addictive nature of smoking. These dangers are now so widely known as to not need to be discussed in detail here.

In my preferred embodiment, the person is educated on the benefits of modifying their daily dict. This addresses

potential weight gain problems, one of the biggest fears of smokers.

Regarding potential weight gain, why do we gain weight when we stop smoking? Muscle cells become more sensitive to insulin. In my preferred embodiment, therefore, I recommend:

- Avoid refined carbohydrates. All carbohydrates start out in their rarest edible form as complex, but we make them refined by processing, preserving, storing, drying, and cooking.
- Increase physical activity, especially five to fifteen minutes 10 after meals.
- Take 100 micrograms of chromium along with the proper cofactors, one half hour before each meal with a full glass of water. The product containing chromium (CHROMIUM CHELAVITEM) that I prefer is TRIMSPAG, available from Vitamerica, Inc., Cedar Knolls, New Jersey.
  - Acquire a cigarette cessation product containing the herb lobelia, which aids any withdrawal that some may experience. Lobelia is a natural herb that tricks the body into thinking it is nicotine, but it does not have the side effects. In the preferred embodiment of my invention, I recommend CIGSATION, available from Vitamerica, Inc., Cedar Knolls, New Jersey.
- Cut back on drinking coffee and other caffeinated beverages.

  Sometimes the stress or anxiety that quitters experience is due to the physiological effects of caffeine on the nervous system and not due to withdrawal from nicotine. Try drinking decaffeinated tea or some other warm decaffeinated beverage. Drinking a hot tea provides the same psychological effect as drinking hot coffee.

• Eat healthy, nourishing, non-processed foods and take a good vitamin supplement. Remember, the 200+ toxins in cigarette smoke have helped deplete the body of vitamins. Five cigarettes can deplete all the vitamin C in the body! By eating a healthy diet, you will recover your health more quickly.

In my preferred embodiment, the smoker is educated to do this for at least the first week, preferably for the first 21 days, after stopping smoking :  $^{\circ}_{\Lambda}$  Eat 3 meals a day, including breakfast

- 10 . Have protein and complex carbohydrates with each meal
  - · Avoid sugar
  - Drink 8 glasses of non-caloric liquids a day drink water with lemon, seltzer, herbal tea, etc.
  - Keep a pitcher of water on your desk and you'll easily drink 8 glasses a day
  - · Between meals, drink fruit juices or eat a piece of fruit
  - Eat lots of fruits, vegetables and salads
  - As soon as you finish eating, leave the table and go brush your
     teeth
- 20 Use mouthwash whenever possible

In my preferred embodiment, the smoker is admonished:
to not skip any meals (and never miss breakfast); to limit
refined- sugar intake (and read packaging labels); to avoid
beverages with caffeine (tea, colas, coffee, hot chocolate); and,
if you must have them, drink tea or coffee out of a juice glass
using a straw; and NO alcohol.

We described above the change in blood sugar levels caused by smoking and the physical and emotional response it has

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on the body. If your blood sugar level gets low, you will either crave a cigarette or something sweet. In either case, it will boost your blood sugar level for 10 to 20 minutes and then cause a crash, triggering another urge for a cigarette or a sweet. By eating 3 meals a day, you will tend to have a stable blood sugar level, and this minimizes cigarette and eating urges. Eating protein with carbohydrates at breakfast sets the stage for stable blood sugar levels all through the day. Protein with complex carbohydrates stabilizes the blood sugar.

I have also found it useful to teach persons quitting smoking to carry a nonfood item such as a swizzle stick or a low calorie food such as celery or carrot sticks. Use these to gratify any oral habit that has been developed by the conditioned response of putting your hand to your mouth 250 times a day, as if you were a one pack a day smoker.

By providing the smoker with this kind of educational program, the smoker is able to consciously and analytically understand their need to smoke and to approach the decision to smoke, or to not smoke, in an analytical, dispassionate manner.

Hypnosis. In addition to the conscious, analytical mind, one can aid the stop-smoking process by using the subconscious mind. In my invention, it is important to use both the conscious mind - via the educational program discussed above - and the unconscious mind, with hypnosis.

The subconscious mind dominates your thinking and behaviors. It is programmed using repetition and the subconscious mind basically behaves for two reasons. It tries to take you towards pleasure and it wants you to stay away from pain. For

example, when you have a cup of coffee, you grab a cigarette; you get into a car, you grab a cigarette; you get stuck at a light, you grab a cigarette; you get a break at work, you grab a cigarette; you have a cocktail, you grab a cigarette. If you do not experience these triggers, you may very often go many hours without having a cigarette. It is important that you identify these scenes so we can then break the connection of the cigarettes to the scenes.

With hypnosis, the subconscious mind no longer aids the body to smoke more often, but rather aids the body to stop smoking, during precisely those periods when a smoker is accustomed to having a cigarette. Instead of the subconscious making the body scream for nicotine after a meal, or with coffee or alcohol, the subconscious will help the smoker remain calm and pain free.

When used to stop smoking, I have found that in my preferred embodiment, the hypnosis focuses on interrupting "conditioned responses" generally, and specifically, on interrupting the response to smoke. Conditioned responses are actions (e.g., reaching for a cigarette) motivated not by a consciously-perceived need, but rather by unconscious habit.

Is smoking more of a physical or more of a psychological addiction? For example, how many times have you gone two, three or four hours without even smoking one cigarette and then in another hour you may smoke four, five or six cigarettes? Why is that? It is because certain events, or certain times of the day can trigger you to smoke a cigarette. Therefore, it is necessary

to break these unconscious connections, and such breakage occurs, I found, most efficiently using unconscious means - hypnosis.

In my preferred embodiment of my invention, the hypnosis is done in-person and is reinforced later with prerecorded media such as audio-tapes.

Hypnosis techniques are known in the art. In my preferred embodiment, I prefer the in-person hypnosis to follow a six-step protocol. The six steps are (1) neuro-linguistic programming, (2) physical positioning, (3) progressive relaxation, (4) occupying the critical/analytical factor, (5) a process of suggestion, and (6) changing the language of the subconscious.

- (1) Neuro-linguistic programming is a technique known in the art. It is described in detail in the following works written since the 1960's.
- The Structure of Magic, Vol.1 Richard Bandler/John Grinder

  The Structure of Magic, Vol.2 Grinder/Bandler

  Patterns of Hypnotic Techniques of M.H. Erickson, Vol.1 
  Bandler/Grinder

Patterns of Hypnotic Techniques of M.H. Erickson, Vol.2 -

20 Grinder/Bandler

Frogs Into Princes - Bandler/Grinder

Tranceformations - Grinder/Bandler

Using Your Brain for a Change - Richard Bandler

Time for a Change - Richard Bandler

25 <u>Persuasion Engineering</u> - Richard Bandler/John La Valle <u>The Adventures of Anybody</u> - Richard Bandler <u>Science and Sanity</u> - Alfred Korzybski <u>Uncommon Therapy</u> - The Psychiatric Techniques of Erickson - Jay Haley

<u>Training Trances</u> - John Overdurf / Julie Silverthorn

<u>My Voice Will Go With You</u> - Sidney Rosen

- 5 Those are incorporated herein by reference.
  - (2) Physical positioning is important, to maintain the subject in a state which is both relaxed, yet not sleep-prone.
  - (3) Physical Positioning and Progressive Relaxation follow the methods known in the art, instructing the subject to progressively relax each part of their body. This can be done with instructions to, for example, physically perform some act, or to mentally visualize some relaxing phenomenon.
  - (4) Occupying the critical / analytical factor is accomplished in my preferred embodiment by having the subject perform certain tasks which both require some conscious attention, but also are not so difficult or complex as to absorb the subject's entire mental capacity.
- (5) The process of suggestion is important to repeat for an effective period of time usually at least daily for about 20 twenty one days. This time may, however, be less when the subject is relaxed, or is in a highly-emotional state.
- (6) The last step is changing the language of the subconscious. This is done by repeating a desired message e.g., "I am free from smoking" often enough that the desired message replaces an undesired message in the subconscious mind. For example, one technique is to get friends, coworkers, and family members to help you, by asking them to congratulate you for not smoking. The best way to accomplish this is to stick your hand

out to a friend or family member, asking that person to shake your hand and congratulate you for being a nonsmoker. When that person congratulates you, it is a positive reinforcement. The (former) smoker benefits from this positive feedback, and from knowing that they are doing well in stopping smoking.

In another technique I found successful, smoking is described as like having a best friend. Psychologically, the cigarette is the support that a friend gives you. Imagine having your best friend there for you and then losing him or her. You would not feel very good losing your best friend. However, if you discover that your best friend was abusing your children, most likely you would not feel the same about losing your best friend. You would still have some sort of attachment, but now you would be able to reason your way out of not having this person as a friend. In my preferred embodiment, the educational program teaches smokers to look at smoking in the same way.

In my preferred embodiment of my invention, hypnosis is also administered by listening to a prerecorded audio script which provides stop-smoking messages and positive feedback for not smoking. Such audio tapes are commercially available. In my preferred embodiment, I use an audio tape titled "Smoking Cessation," published by Vitamerica, Inc., Cedar Knolls, New Jersey, www.vitamerica.com, to be listened to once every day for an effective length of time, generally about twenty-one days.

Dietary Substances. The third element of my invention is using proper dietary substances. These address the physiological needs of people breaking their physical addiction to

nicotine. Further, one of the biggest fears of smokers is that, in stopping smoking, they will gain excess weight. Thus, in my preferred embodiment, in addition to the dietary substances that support normal form and function while recovering from a smoking addiction, one also uses dietary substances that support normal form and function for those seeking weight-loss or to reduce weight gain. In my preferred embodiment, I recommend CIGSATIONTM and TRIM SPECIFICSTM, dietary supplements by Vitamerica, Inc., Cedar Knolls, New Jersey, www.vitamerica.com

To aid the reader's understanding, I will discuss first the biological basis of the smoking addiction. I will then discuss the dietary substances and the diet modifications I have found effective to combat the physical smoking addiction - the addiction to nicotine. Finally, I will discuss dietary substances to control weight gain.

What causes the addiction to nicotine? The nervous system is divided into two anatomical divisions. The first is the central nervous system, which is composed of the brain and spinal cord. The second is the peripheral nervous system, which includes neurons located outside the brain and spinal cord, which includes any nerves that enter or leave the central nervous system. The peripheral nervous system can be further divided into the efferent division, whose neurons carry signals away from the brain and spinal cord to the peripheral tissues, and the afferent division, whose neurons bring information from the periphery to the central nervous system.

Nerve impulses are transmitted along a path of cells called neurons. The neurons form a knot-like mass called ganglia.

These neurons are connected by a series of bridges. The bridge is called a synapse. In order to cross the bridge, a neurotransmitter is required. Before the nerve impulses reach the relay station or bridge, they are referred to a pre-ganglionic neurons. After crossing the synapse, they are referred to as post-ganglionic neurons. The basic neurotransmitters of the autonomic nervous system are acetylcholine and epinephrine. Acetylcholine mediates the transmission of nerve impulses across autonomic ganglia in both the sympathetic and parasympathetic nervous systems.

Nicotine Receptors. These receptors, in addition to binding acetylcholine, also recognize nicotine. Nicotine initially stimulates and then blocks the receptor. There is a competitive inhibition taking place. In lay terms, the receptor has a greater affinity for nicotine than for acetylcholine. At the same time, nicotine increases the level of the neurotransmitter dopamine in a particular brain pathway which associates a molecular link between nicotine addiction and this pleasure producing pathway. This is why nicotine causes such as strong physiological addiction. Recently, scientists at Yale and at the Pasteur Institute in Paris have found that the beta 2 sub unit of a known nicotine receptor in the brain is a critical component in nicotine addiction.

To combat this nicotine addiction, it is useful to use lobelia. Lobelia inflata (also known as Indian Tobacco) is a plant. This plant contains three nicotine-like ingredients: 1) lobeline, 2) lobelanidine, and 3) lobelanine. On close inspection of these three ingredients one can notice that all are symmetrical

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molecules. In other words, if you cut them each in half, each half is the same. The only exception is with lobeline, which has a slight difference on one side of the molecule. I refer to each of these three compounds, their analogs, and derivatives, as "lobelia." After explaining some basic physiology, you will see why lobelia is important.

Nicotine causes an increase in blood pressure, increases intestinal motility, stimulates the central nervous system, has an anti-diuretic effect (ability to retain water), affects heart rate, affects respiration, is highly soluble and crosses the blood-brain barrier, produces some euphoria (feeling of well being), arousal, relaxation, and it improves attention, and crosses the placenta membrane and is secreted in the milk of lactating women.

15 The chronic effects of Nicotine include nasopharyngeal and bronchial irritation, lung cancer, cardiac irregularities, stimulated salivary secretion, and reduction of gastric acidity.

Let us now consider the structural formulas for the active constituents in lobelia. Because of their basically symmetrical structure, it appears that they have an advantage in competing with nicotine at the effector cell site. It is postulated that these components can attach themselves to the cell site from either side of the molecule and perhaps crowd out the nicotine. Later, after the nicotine is eliminated from the system, lobeline will replace nicotine at the effector cell site. While nicotine is rapidly eliminated from the body within 16-24 hours, the withdrawal symptoms can last for several weeks to several months, depending upon the individual.

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Lobelia's action in the body mimics that of nicotine, but does not have the physiological dependence of nicotine.

Lobelia exhibits a cross tolerance with nicotine, is one of the most useful systemic relaxants, has a relaxation effect on the central nervous system, has a relaxing action on the autonomic nervous system, has a general relaxing action on neuromuscular action, is a powerful respiratory stimulant, equalizes circulation and relieves vascular tension, provides a truly holistic action with a combination of stimulation and relaxation, and also provides the holistic action of a general relaxant with diffusive stimulation.

Recently, scientists in Japan have discovered an antidepressant component in the leaves of *lobelia inflata*. This probably explains why individuals feel better when taking lobelia.

Given this physiology, the physiologic needs of a smoker can be addressed using lobelia. In addition to lobelia, I have found that other herbal substances are useful as dietary substances. Thus, in my preferred embodiment, lobelia is used along with wood betony, fennel seed and licorice root and several other herbs.

In addition to these vitamin-type nutritional supplements, in my invention one needs lobelia. Lobelia is also known as Indian tobacco or wild tobacco and is native to North America. It includes three components significant here: lobeline,

25 lobelanidine and lobelanine. It is pharmacologically similar to nicotine, but does not have nicotine's physiological dependency.

In my preferred embodiment of my invention, I have found it beneficial to include certain other supplements derived from

plants and herbs. Each the individual ingredients improves the function of lobelia alone, as each provides a specific function to enhance the efficacy of the product.

Wood Betony. Wood betony is used for its sedative and bitter properties. Its anti-hypertensive properties relieve nervous tension and dilate blood vessels, thus producing a calming effect. Wood betony can relieve headaches normally associated with nicotine withdrawal. Its bitter tonic properties also aid in nicotine withdrawal.

Fennel Seed. Fennel seed has been recognized to have carminative and stimulant properties. It has been reported to have a spasmolytic effect on smooth muscles. As a result, it can be used for dyspeptic discomfort, gastrointestinal discomforts and congestion of the upper respiratory tract. Since chain smokers normally have a smoker's cough resulting in congestion of the lungs, fennel seed can aid in treating that congestion. One of the constituents from the volatile oil expressed from fennel is anethol. Anethol has been shown experimentally to reduce secretions of the upper respiratory tract (i.e., lungs).

Licorice Root. The major active ingredient in licorice root is glycyrrhizin. The glycyrrhizin is responsible for a vasopressor response, which is similar to that occurring in nicotine. However, while it mimics that response, it also exhibits anti-inflammatory and an antitussive effects that is comparable to codeine in potency. This is due to the derivative 18 Beta-glycyrrhetinic acid which prevents smoker's cough. In addition, the flavonoids in licorice root have recently been shown to have strong antioxidant and anti-hepatotoxic activities. These

activities will help cleanse the body of the free radicals and other toxic substances generated from smoking. Licorice extracts are often used in anti-smoking preparations as a flavoring agent to mask bitter nauseous or other undesirable tastes from other components of the preparation. Licorice can also be used to treat stomach irritation arising from nicotine usage.

In addition to the foregoing, I have found it useful to use also blue cohosh, black walnut husk, chamomile flower, gotu kola leaf extract, kava kava root, peppermint, sarsaparilla root, slippery elm bark, valerian root, bayberry fruit, myrrh, passion flower, ginger root and eucalyptus oil. Thus, in my preferred embodiment, I use each of these, for the following reasons.

Blue Cohosh. It has demonstrated anti-inflammatory activity in animals. Blue cohosh can be used for nervous disorders.

Black Walnut Husk. Black walnut husk is a blood cleanser and oxidizer. It has been shown to be useful in lung disease and has strong anti-fungal and antibacterial properties. It is a rich dietary source of protein, iodine, chromium, potassium, manganese, vitamin A and the powerful antioxidant vitamin C.

Chamomile Flower. Chamomile flower has essential oils that contain a variety of glycosides, and other important constituents and chemically related compounds. Several of the therapeutic constituents of the volatile oil are chamazulene and alpha bisabolol oxide A. Chamazulene has demonstrated anti-inflammatory activity, pain relieving, wound healing, antispasmodic and anti-microbial properties. Alpha bisabolol has

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anti-inflammatory, anti-microbial and anti-peptic activities.

Matricin has been found to have a sufficiently stronger antiinflammatory effect than chamazulene.

Gotu Kola Leaf Extract. The gotu kola leaves contain properties that have been shown to accelerate wound healing, improve memory, relieve fatigue and stress, increase mental acuity and improve behavioral patterns. This produces a calming effect within the body, thereby relieving the stress associated with nicotine withdrawal symptoms.

10 Kava Kava Root. The active ingredients in kava kava root are a group of compounds known as the kavalactones. They are recognized for their biological activity as a sedative, anticonvulsive and tonic. Additional constituents in kava kava root have demonstrated muscle relaxant activity and have been used for their ability to combat nervous anxiety and unrest. Kava kava also has expectorant properties. This allows the heavy smoker to expectorate residual mucus from the lungs.

represent. Peppermint yields a volatile oil that is composed mainly of menthol. Menthol has long been recognized as a cooling agent in topical preparations. Also present are many other ingredients, some of which have been characterized to have biological activity. One such constituent is bisabolene, which has demonstrated to have anti-inflammatory activity. Other constituents in peppermint include flavonoids such as hesperetin and rutin. Also present are tocopherols, carotenoids, choline and azulenes. Azulene isolated from peppermint demonstrated anti-inflammatory and antinuclear effects in experimental animals. Peppermint oil is extensively used as a flavoring agent,

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carminative, antiseptic and local anesthetic in cold, cough and other preparations. Peppermint and their oils have been used in traditional medicine as a stomachic, stimulant, antiseptic, local anesthetic and antispasmodic in treating indigestion, sore throat, nausea, diarrhea and colds.

Sarsaparilla Root. The major component of sarsaparilla is a variety of steroids which include sarsasapogenin, smilagenin, sitosterol, stigmasterol and pollinastanol, and their glycosides (saponins) including sarsasaponin (parillin), smilasaponin

(smilacin), sarsaparilloside and sitosterol glucoside.

Sarsaparilla is reported to have hepatoprotective, diuretic and anti-inflammatory activity.

Slippery Elm Bark. The principal constituent of slippery elm bark is mucilage. The mucilage has demulcent (soothing) and nutritive properties. It can sometimes be used to soothe irritated lungs.

Valerian Root. Valerian root has a variety of constituents but the major one, valerenic acid, produces a nerving or sedative effect. Valerian has CNS depressant activities. As a result, in states of agitation normally witnessed by smokers during withdrawal, this will have a calming effect. It has also been shown that in conditions of fatigue, the herb has demonstrated stimulating properties.

Bayberry Fruit. Bayberry fruit has been recognized to have a tonic effect.

Myrrh. Myrrh is reported to have astringent effects on mucus membranes. It is often used as a flavor component to mask bitter ingredients. It has also been used as a stimulant and

expectorant. The expectorant properties will help the smoker remove mucus and phlegm from the lungs.

Passion Flower. Passion flower contains indole alkaloids, flavonoids and steroids. The indole alkaloids and flavonoids have tranquilizing effects. Anxiolytic and hypotensive activity has also been reported.

Ginger Root. Ginger root is used to combat nausea and vomiting, which may accompany nicotine withdrawal.

Eucalyptus Leaf Oil. The leaves contain .05 to 3.5% oil. The oil consists mostly of cucalyptol (1, 8-cineole). It is used in an anti-smoking formula as an expectorant to help remove mucus from the lungs.

In my preferred embodiment of my invention, these dietary substances are used as found in CIGSATION™ 100% Natural

15 Cigarette Replacement System, commercially available from Vitamerica, Inc., Cedar Knolls, New Jersey 07927, 

www.vitamerica.com. Each of these dietary substances adds to the benefit obtained from using lobelia alone.

In addition to addressing the physical nicotine

addiction, I find it useful to address the smoker's fear of
excessive weight gain, by using a "weight control product," a drug
or dietary substances useful in controlling unnatural weight gain.
Such dietary substances include chromium, choline, inositol,
vanadium, gynema sylvestre, lecithin, vitamin B6, ginseng, zinc,
mahuang, kola nut extract, spirulina, and methionine. Several of
these are known physiological stimulants, which increase
thermogenesis in the body and thus promote expending calories. I

will discuss each in turn, and its usefulness in a weight-control product.

Chromium. What is chromium? It's the mineral that no body can afford to be without. Like iron, copper and zinc, chromium is one of the 16 essential trace minerals the body needs to keep healthy and fit. And for people who are overweight and out of shape, chromium may be the most precious mineral of all. In its biologically active form, it helps insulin to metabolize fat, convert protein into muscle, and convert sugar into energy.

Chromium-activated insulin actually increases almost twenty times

Chromium-activated insulin actually increases almost twenty times the amount of glucose available for energy production, optimizing energy output so that you feel healthy and alive.

Chromium is the "master" nutrient for controlling blood sugar. It helps overcome sugar cravings, which is a problem with many overweight people. It also plays an important role in controlling blood lipids, lowering harmful LDL cholesterol, and increasing beneficial HDL cholesterol.

Research shows that a chromium deficiency may be a widespread problem. Many people, such as athletes, diabetics, mothers and the elderly, are at especially high risk. A lack of chromium can impair insulin function, thereby inhibiting protein synthesis and energy production. More seriously, it can even lead to type II diabetes and heart disease.

In my preferred embodiment, the chromium is a form of chromium commercially available under the trade name CHROMIUM CHELAVITE, available from Vitamerica, Inc. of Cedar Knolls, New Jersey.

The most biologically active form of chromium, the true GTF chromium, is the basis for the molecular structure of CHROMIUM CHELAVITEM. Studies on CHROMIUM CHELAVITEM at a leading Utah university have shown that this form of chromium is clearly superior to both chromium picolinate and chromium polynicotinate in absorb ability. It had an absorption rate that was 53% greater than for chromium picolinate and 91% greater than that observed for chromium polynicotinate.

Choline. Choline is one of the most beneficial nutritional supplements. Technically, it is not a vitamin, even though it is essential for human life. There are three major functions of choline among humans. It is needed for building cell structure, it prevents or minimizes unhealthy fat deposits in the liver, and it acts as a precursor to acetylcholine. Acetylcholine is a neurotransmitter in the brain which is responsible for nerve 15 impulses, memory, learning, mood elevation and depression control.

Choline has a very positive effect on the health of the liver. It is a lipotropic agent (fat eliminator) that can cut away fats in the liver to be used instead of energy. Choline aids in 20 weight loss by facilitating Growth Hormone (GH) releasers, controlling cholesterol, and helping control the appetite. It also helps reduce the "gut transit time", the amount of time it takes food to move through the intestines. In addition to helping speed food through the system, choline also plays an important role in the body's ability to metabolize fat and cholesterol.

Inositol. Inositol is a member of the B complex of vitamins. It provides a calming effect, nourishes brain cells, helps reduce cholesterol, slows artery hardening, prevents eczema,

and is needed for hair growth and metabolism. It is found in high concentrations in the brain, and serves as a brain cell membrane stabilizer. Inositol also helps in lecithin formation, and aids the body in the metabolism of fat and cholesterol.

vanadium. A trace mineral like chromium, vanadium is essential for cellular activity and for the formation of bones and teeth. It also inhibits the synthesis of cholesterol and lowers certain forms of high blood pressure. It works remarkably well as a powerful insulin mimic and has been shown to normalize blood sugar levels, even in diabetics.

Gynema Sylvestre. This tropical herb is beginning to receive much attention due to impressive results in recent studies. Gynema Sylvestre appears to have a positive effect in lowering blood sugar levels, especially in diabetics. Research also suggests that it can help curb sugar absorption.

Lecithin. Lecithin is part of every single cell in the body, but has its greatest concentration in the brain. About 17-20% of the brain is made up from lecithin. Lecithin is an emulsifier. It is used in the manufacture of chocolate, because it keeps it liquid and it keeps it moving. Lecithin does the same thing for the fat in the human body; it keeps it moving, right out of the body.

Lecithin is a natural diuretic and an effective cholesterol reducer. It helps prevent the buildup of cholesterol on arterial walls, thus improving the circulation of the blood.

One study that examined 900 men for atherosclerosis (fat deposits in the arteries) showed that those with more than 36% lecithin in

the blood had no atherosclerosis. Those with less than 34% showed evidence of the disease.

Lecithin is also the source of two of the hardest to find B-Complex relatives, choline and inositol. A major function of lecithin is to supply choline in the diet. Choline (see entry) has the function of breaking down fat deposits in the body. Our bodies do not manufacture enough choline. Therefore, we must rely upon our food and supplements such as lecithin to make sure that we get enough.

Vitamin B6. Vitamin B6 aids in more bodily functions than any other single nutrient. It facilitates the body's use of carbohydrates, proteins and fats. It promotes mental performance by aiding in the transport of amino acids, which are used by the brain to increase mental energy and memory. It also promotes the transport of choline, and aids in the breakdown of glycogen, the primary fuel for the brain.

Ginseng. For centuries, the Chinese have testified to the beneficial effects of Ginseng on longevity. Ginseng provides stimulation to the entire body, helping to overcome stress and fatigue. Ginseng can regulate and normalize blood pressure and blood sugar levels. It has been called a cure-all and has also been claimed to be a mild sexual stimulant. Over all, Ginseng has a phenomenal effect on the body's energy level.

Zinc. Zinc is another important trace mineral that is used by more than 200 enzymes to keep the body's major metabolic systems going strong. In addition to its role in metabolism, zinc is a potent antioxidant, profoundly important in enhancing the

immune system, stimulating cellular growth, reducing excess levels of damaging free radicals, and improving general health.

Mahuang. Mahuang, also known as ephedra, contains a potent alkaloid, ephedrine. This natural stimulant increases the basal metabolic rate, which helps to burn calories more effectively. It has also been used as a remedy for kidney and bladder problems, as well as for colds, asthma, and hay fever.

Kola Nut Extract. This is a natural stimulant that increases energy and stamina. It has been found to be very useful in preventing fatigue. Kola Nut Extract also acts as a tonic agent for the heart, and it is sometimes useful in relieving pain, neuralgia, and headache.

Spirulina. This famed blue-green algae contains concentrations of nutrients unlike any other single grain, plant or herb. This super nutrient is a naturally digestible food that aids in protecting the immune system, in cholesterol reduction and in mineral absorption. It also helps to cleanse and heal, while also curbing the appetite.

Methionine. Methionine is an amino acid that assists

the gall bladder function by helping to synthesize bile salts. It
is a lipotropic substance that prevents the deposits of and
cohesion of fats in the liver. It is also reported to be a growth
hormone releaser.

It serves as an antioxidant in the brain. It helps
prevent the buildup of heavy metals and plays an important and
essential role in the production of the brain neurotransmitter
choline. Methionine is not found in the body. Therefore, it must
be gotten via food and supplementation. It is also a good source

of sulfur, and its therapeutic lipotropic effects help to eliminate fatty substances from the body.

Each of these dietary substances can be found in TRIM SPECIFICS™, available from Vitamerica, Cedar Knolls, New Jersey, 5 www.vitamerica.com.

Without further elaboration, it is believed that one skilled in the art can, using the preceding description, utilize the present invention to is fullest extent. The examples I discuss here are included as the preferred embodiment of my invention, and not to further qualify the description.

### Claims

### I claim:

- A method for helping a tobacco smoker to stop smoking,
   said method comprising the steps of:
- (A) providing to a tobacco smoker an educational program to educate said tobacco smoker's conscious mind, said educational program including education both on the disadvantages of smoking and on conscious techniques to stop smoking,
- (B) providing to said tobacco smoker at least one hypnosis program to train said tobacco smoker's subconscious mind to discourage said tobacco smoker from performing smoking behavior, and
- (C) providing to said tobacco smoker lobelia in an amount effective to aid in the reduction or cessation of said tobacco smoker's craving to smoke tobacco.
  - such that said tobacco smoker can be helped to stop smoking.
  - The method of claim 1, further comprising the step of:
     providing to said tobacco smoker, wood betony.
  - 3. The method of claim 2, further comprising: (E)
    20 providing to said tobacco smoker, fennel seed.
    - 4. The method of claim 3, further comprising the step of:
      (F) providing to said tobacco smoker, licorice root.
  - 5. The method of claim 4, further comprising the step of:

    (G) providing to said tobacco smoker, black walnut husk,

    25 chamomile, kava kava root, peppermint, sarsaparilla root, valerian root, bayberry root, passion flower, ginger root, eucalyptus leaf oil, lecithin, vitamin B6, ginseng, zinc, spirulina, and methionine.

- 6. The method of claim 1, where said hypnosis program comprises prerecorded media useable by said tobacco smoker when alone.
- 7. The method of claim 1, further comprising the step of:
  5 (D) providing to said tobacco smoker, at least one weight-control product.
  - 8. The method of claim 7, where the weight control product includes at least one stimulant.
- 9. The method of claim 8, where the stimulant is selected from the group consisting of mahuang, kola nut extract, gotu kola leaf extract and myrrh.
  - 10. The method of claim 9, wherein the weight control product comprises chromium.
- 11. A product to aid a tobacco-smoker in ceasing to smoke 15 tobacco, said product comprising:
  - (A) means for educating said tobacco smoker's conscious mind, said educational program including education both on the disadvantages of smoking and on conscious techniques to stop smoking,
  - (B) means for hypnosis to train said tobacco smoker's subconscious mind to discourage said tobacco smoker from performing smoking behavior, and
    - (C) lobelia in an amount effective to aid in the reduction or cessation of said smoker's craving to smoke tobacco.
- 25 12. The product of claim 11, further comprising: (D) wood betony.
  - 13. The product of claim 12, further comprising: (E) fermel seed.

- 14. The product of claim 13, further comprising: (F)
- 15. The product of claim 14, further comprising: (G) black walnut husk, chamomile, kava kava root, peppermint, sarsaparilla root, valerian root, bayberry root, passion flower, ginger root, eucalyptus leaf oil, lecithin, vitamin B6, ginseng, zinc, spirulina, and methionine.
- 16. The product of claim 11, where said means for hypnosis comprises prerecorded media useable by said tobacco smoker when alone.
- 17. The product of claim 11, further comprising: (D) at least one weight-control product.
- 18. The product of claim 17, where the weight control product includes at least one stimulant.
- 19. The method of claim 18, where the stimulant is selected from the group consisting of mahuang, kola nut extract, gotu kola leaf extract and myrrh.
  - 20. The method of claim 19, wherein the weight control product comprises chromium.

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MORRISTOWN NJ 07960



### UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

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03/02/00

Please find below and/or attached an Office communication concerning this application or proceeding.

Commissioner of Patents and Trademarks

EXAMINER

06/04/2003 12:48 9739846159

| Office Action Summary    Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                               | Application No.                                                                                              | Applicant(s)                                                     |
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| Sam Rimell   3712                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                               | 09/427,447                                                                                                   |                                                                  |
| - The MAILING DATE of this communication appears on the cover sheet with the correspondence address - Period for Reply  A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.  - Extensions of time may be available under the provisions of 37 CPR 1.136 (a). In no event, however, may a reply be timely filed where SIX (b) MONTHS from the mailing date of the communication.  - If the period for reply be seen than 11th (20) days, a reply within the statutory minimum of thirty (30) days will be considered timely.  - If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of the communication.  - Pailure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133)  Status  1) Responsive to communication(s) filled on  20) This action is FINAL. 2b) This action is non-final.  3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under Ex parte Quayle, 1935 C.D. 11, 453 O.G. 213.  Disposition of Claims  4) Claim(s) 1-20 is/are pending in the application.  4a) Of the above claim(s) is/are withdrawn from consideration.  5) Claim(s) is/are allowed.  6) Claim(s) is/are objected to.  3) Claim(s) is/are objected to.  3) Claim(s) is/are objected to by the Examiner.  10) The drawing(s) filled on is/are objected to by the Examiner.  10) The proposed drawing correction filed on is/are objected to by the Examiner.  Priority under 35 U.S.C. s 119  13) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. s 119(a)-(d).  a) All b) Some * c) None of the CERTIFIED copies of the priority documents have been:  1. received. | Office Action Summary                                                                                                                                                                                                                                                                                                                                         | Examiner                                                                                                     | Art Unit                                                         |
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| 2. received in Application No. (Series Code / Serial Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                               | FIED copies of the priority docum                                                                            | nents have been:                                                 |
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| 3. received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3. received in this National Stage applicat                                                                                                                                                                                                                                                                                                                   | ion from the International Bureau                                                                            | (PCT Rule 17.2(a)).                                              |
| * See the attached detailed Office action for a list of the certified copies not received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | * See the attached detailed Office action for a lis                                                                                                                                                                                                                                                                                                           | t of the certified copies not receiv                                                                         | red.                                                             |
| 14) ☐ Acknowledgement is made of a claim for domestic priority under 35 U.S.C. & 119(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 14) Acknowledgement is made of a claim for dom                                                                                                                                                                                                                                                                                                                | nestic priority under 35 U.S.C. & 1                                                                          | 19(e). Husty Exp                                                 |
| Attachment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Attachment(s)                                                                                                                                                                                                                                                                                                                                                 | _                                                                                                            |                                                                  |
| 14) Notice of References Cited (PTO-892)  15) Notice of Draftsperson's Patent Drawing Review (PTO-948)  16) Information Disclosure Statement(s) (PTO-1449) Paper No(c)  17) Interview Summary (PTO-413) Paper No(s).  18) Notice of Informal Patent Application (PTO-152)  Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15) Notice of Draftsperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                  | 18) Notice of Informa                                                                                        |                                                                  |

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The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 1-20 are rejected under 35 U.S.C. 112, first paragraph, as containing subject matter which was not described in the specification in such a way as to enable one skilled in the art to which it pertains, or with which it is most nearly connected, to make and/or use the invention.

Claims 1 and 11 set forth a method in which lobelia is used "in an amount effective to aid in the reduction or cessation of said tobacco smoker's craving to smoke tobacco." However, the disclosure does not reveal what this amount actually is. In fact, the disclosure does not reveal the therapeutically effective dosage amounts for any of the substances disclosed, so the specification is non-enabling for all of claims 1-20. Simply making reference to an OTC product, such as "Cigsation" or "Trim Specifics" is insufficient to meet the disclosure requirement since OTC products do not always label the dosages or contents of the of the substances they contain.

35 U.S.C. 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

Claims 1-20 are rejected under 35 U.S.C. 101 because the claimed invention lacks patentable utility.

Claims 1-20 are a claimed method in which he craving to smoke is alleged to be reduced or ceased by the use of education materials, hypnopsis, and the ingestion of naturally occurring

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substances, such as lobelia. Additional substances, such as wood betony, licorice root, and peppermint are also alleged as being therapeutically effective. However, there is no evidence that the combined use of educational materials, hypnosis, and the recited natural substances produces a therapeutically effective method for reducing or climinating a creving for smoking. There is no clinical evidence that the combined effects will produce the claimed result. In addition, the reference to Schneider et al. (US Pat. 5,414,005) contains a statement in column 3, lines 5-9 that orally ingested lobeline has never been shown to be therapeutically effective in reducing a craving for smoking. Since the other required steps of providing educational materials and providing hypnosis have also never been shown to be therapeutically effective, there is no reason to assume that the combined usage of educational materials, hypnosis and lobeline will be therapeutically effective.

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless -

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on safe in this country, more than one year prior to the date of application for patent in the United States.

Claims 1-20 are rejected under 35 U.S.C. 102(b) as being anticipated by admitted prior art to Vitamerica Inc.

Applicant's disclosure admits (page 5, para 4) that lobeline is utilized in a known prior art ingestible product known as "Cigsation". Applicant's disclosure (page 26, para 2) admits that all the remaining claimed substances are contained in a known prior art ingestible product called "Trim Specifics". Applicant's disclosure further admits (page 11, para 4) that the hypnosis and

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education steps are contained in a known prior art tape program called "Smoking Cessation". All of these products are available from a common source, known as Vitamerica Inc., and are available on the internet at <a href="www.vitamerica.com">www.vitamerica.com</a>. Since each of these products derives from a common source, it is reasonable to presume that they are intended to be used together in a method for addressing a smoking addiction.

Any inquiry concerning this communication should be directed to Sam Rimell at telephone number (703) 306-5626.

Sam Rimell
Primary Examiner
Art Unit 3712

|          |    |                              |                  |                   | Application/Contro           | l No.      | Applicant(s)/Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |        |
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|          |    | Notice of Refer              | ences Cited      | ,                 |                              |            | SZYNALSKI, AL<br>Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | 4 GOFM |
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|          |    |                              |                  |                   | Sam Rimell<br>TENT DOCUMENTS |            | 3712                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |        |
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| "        |    | DOCUMENT NO.                 | DATE             |                   | NAME                         | CLASS      | SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | APS      | OTHER  |
|          | A  | 5414005                      | May 1995         | Schneider 6       | et al.                       | 514        | 343                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | 0      |
|          | В  | 5780051                      | Jul. 1998        | Eswara et a       | al.                          | 424        | 449                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |        |
|          | С  | 5985567                      | Oct. 1999        | Archer et al      |                              | 514        | 282                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | 0      |
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A copy of this reference is not being rumisined with this Office action. (see Mishual or Patent Examining Procedure, Section /U/.ub(8).)

APS encompasses any electronic search i.e. text, Image, and Commercial Databases.

U.S. Petent and Trademark Office

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### UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

| APPLICATION NO. | FILING DATE          | FIRST NAMED INV | ENTOR |                      | TTORNEY DOCKET NO. |
|-----------------|----------------------|-----------------|-------|----------------------|--------------------|
| . 09/427,447    | 10/27/99             | SYYNALSKI       |       | Ä                    |                    |
| -               |                      |                 | -1    | E                    | XAMINER            |
| MARK POHL       |                      | UNCENDED        | •     | RIMELL               | 79.                |
| 58 MADISON      | AVENUE, ATH          | FLOCIE          |       | ARTUNIT              | PAPER NUMBER       |
| MORRISIUWN      | 16.1 (17.7 ) (1.4.1) |                 |       | 2166<br>Date Mailed: |                    |
|                 |                      | •               |       |                      | 09/20/01           |

Please find below and/or attached an Office communication concerning this application or proceeding.

Commissioner of Patents and Trademarks

|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Application No.                                                                                                                              | Applicant(s)                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Interview Summary                                                                                                                                                                                                                                                                                                                                                                                                               | 09/427,447                                                                                                                                   | SZYNALSKI, ALEXANDER<br>GÜEN                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Examiner                                                                                                                                     | Art Unit                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sam Rimell                                                                                                                                   | 2156                                                                                                                        |
| All participants (applicant, applicant's representative, PTO                                                                                                                                                                                                                                                                                                                                                                    | personnei):                                                                                                                                  |                                                                                                                             |
| (1) Sam Rimell.                                                                                                                                                                                                                                                                                                                                                                                                                 | (3)                                                                                                                                          |                                                                                                                             |
| (2) Mark Pohl.                                                                                                                                                                                                                                                                                                                                                                                                                  | (4)                                                                                                                                          |                                                                                                                             |
| Date of Interview: 19 September 2001.                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |                                                                                                                             |
| Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant                                                                                                                                                                                                                                                                                                                                            | 2)☐ applicant's represe                                                                                                                      | ntative]                                                                                                                    |
| Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:                                                                                                                                                                                                                                                                                                                                                     | e)⊠ No.                                                                                                                                      |                                                                                                                             |
| Claim(s) discussed: 1 and 11.                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                             |
| Identification of prior art discussed: Cooper et al.                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                                             |
| Agreement with respect to the claims f)☐ was reached.                                                                                                                                                                                                                                                                                                                                                                           | g) was not reached                                                                                                                           | h)⊠ N/A.                                                                                                                    |
| Substance of Interview including description of the general reached, or any other comments: Examiner suggested motechniques, unlike those of Cooper et al. which are invasive addressed to the use of anti-depressants instead of lobelistic (A fuller description, if necessary, and a copy of the amendallowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached. | difying claims 1 and 11 to the body. Examiner to the body. Examiner to but requested information which the examination opy of the amendments | to define non-invasive educational agreed to consider claims on on efficacy in this usage er agreed would render the claims |
| i) It is not necessary for applicant to provide a second checked).                                                                                                                                                                                                                                                                                                                                                              | eparate record of the sub                                                                                                                    | stance of the interview(if box is                                                                                           |
| Unless the paragraph above has been checked, THE FOR MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW action has already been filed, APPLICANT IS GIVEN ONE STATEMENT OF THE SUBSTANCE OF THE INTERVIEW reverse side or on attached sheet.                                                                                                                                                                                           | (See MPEP Section 71 MONTH FROM THIS IN                                                                                                      | i3.04). If a reply to the last Office ITERVIEW DATE TO FILE A                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                                                             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              | luu                                                                                                                         |
| Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.                                                                                                                                                                                                                                                                                                                                    | Examiner's                                                                                                                                   | signature, if required                                                                                                      |

### Summary of Record of Interview Requirements

Manual of Patent Examining Procedure (MPEP), Section 713.04, Substance of Interview Must be Made of Record A complete written statement as to the substance of any face-to-face, video conference, or telephone interview with regard to an application must be made of record in the application whether or not an agreement with the examiner was reached at the interview.

### Title 37 Code of Federal Regulations (CFR) § 1.133 Interviews Paragreph (b)

In every instance where reconsideration is requested in view of an interview with an examiner, a complete written statement of the reasons presented at the interview as warranting favorable action must be filed by the applicant. An Interview does not remove the necessity for reply to Office action as specified in §§ 1.111, 1.135, (35 U.S.C. 132)

### 37 CFR §1.2 Business to be transacted in writing.

All business with the Patent or Trademark Office should be transacted in writing. The personal attendance of applicants or their attorneys or agents at the Patent and Trademark Office is unnecessary. The action of the Patent and Trademark Office will be based exclusively on the written record in the Office. No attention will be paid to any alleged oral promise, stipulation, or understanding in relation to which there is disagreement or doubt.

The action of the Patent and Trademark Office cannot be based exclusively on the written record in the Office if that record is itself incomplete through the failure to record the substance of interviews.

It is the responsibility of the applicant or the attorney or agent to make the substance of an interview of record in the application file, unless the examiner indicates he or she will do so. It is the examiner's responsibility to see that such a record is made and to correct material inaccuracies which bear directly on the question of patentability.

Examiners must complete an Interview Summary Form for each interview held where a matter of substance has been discussed during the Interview by checking the appropriate boxes and filling in the blanks. Discussions regarding only procedural matters, directed solely to restriction requirements for which interview recordation is otherwise provided for in Section 812.01 of the Manual of Patent Examining Procedure, or pointing out typographical errors or unreadable script in Office actions or the like, are excluded from the interview recordation procedures below. Where the substance of an Interview is completely recorded in an Examiners Amendment, no separate Interview Summary Record is required.

The Interview Summary Form shall be given an appropriate Paper No., placed in the right hand portion of the file, and listed on the "Contents" section of the file wrapper. In a personal interview, a duplicate of the Form is given to the applicant (or attorney or agent) at the conclusion of the interview. In the case of a telephone or video-conference interview, the copy is mailed to the applicant's correspondence address either with or prior to the next official communication. If additional correspondence from the examiner is not likely before an allowance or if other circumstances dictate, the Form should be mailed promptly after the interview rather than with the next official communication.

The Form provides for recordation of the following information:

- Application Number (Series Code and Serial Number)
- Name of applicant
- Name of examiner
- Date of interview
- Type of interview (telephonic, video-conference, or personal)
- Name of participant(s) (applicant, attorney or agent, examiner, other PTO personnel, etc.)
- An Indication whether or not an exhibit was shown or a demonstration conducted
- An Identification of the specific prior art discussed
- An indication whether an agreement was reached and if so, a description of the general nature of the agreement (may be by attachment of a copy of amendments or claims agreed as being allowable). Note: Agreement as to allowability is tentative and does not restrict further action by the examiner to the contrary.
- The signature of the examiner who conducted the interview (if Form is not an attachment to a signed Office action)

It is destrable that the examiner orally remind the applicant of his or her obligation to record the substance of the interview of each case unless both applicant and examiner agree that the examiner will record same. Where the examiner agrees to record the substance of the interview, or when it is adequately recorded on the Form or in an attachment to the Form, the examiner should check the appropriate box at the bottom of the Form which informs the applicant that the submission of a separate record of the substance of the interview as a supplement to the Form is not required.

it should be noted, however, that the Interview Summary Form will not normally be considered a complete and proper recordation of the interview unless it includes, or is supplemented by the applicant or the examiner to include, all of the applicable items required below concerning the substance of the interview.

A complete and proper recordation of the substance of any interview should include at least the following applicable items:

- 1) A brief description of the nature of any exhibit shown or any demonstration conducted,
- 2) an identification of the claims discussed,
- an identification of the specific prior art discussed,
- 4) an Identification of the principal proposed amendments of a substantive nature discussed, unless these are already described on the Interview Summary Form completed by the Examiner,
- 5) a brief identification of the general thrust of the principal arguments presented to the examiner,
  - (The identification of arguments need not be lengthy or elaborate. A verbatim or highly detailed description of the arguments is not required. The identification of the arguments is sufficient if the general nature or thrust of the principal arguments made to the examiner can be understood in the context of the application file. Of course, the applicant may desire to emphasize and fully describe those arguments which he or she feels were or might be persuasive to the examiner.)
- 6) a general indication of any other pertinent matters discussed, and
- 7) if appropriate, the general results or outcome of the interview unless already described in the Interview Summary Form completed by the examiner.

Examiners are expected to carefully review the applicant's record of the substance of an interview. If the record is not complete and accurate, the examiner will give the applicant an extendable one month time period to correct the record.

### Examiner to Check for Accuracy

If the claims are allowable for other reasons of record, the examiner should send a letter setting forth the examiner's version of the statement attributed to him or her. If the record is complete and accurate, the examiner should place the indication, "interview Record OK" on the paper recording the substance of the interview along with the date and the examiner's initials.

| Please type a plus sign (+) inside this box                                                                                     | Appro                                                                                                                                                                                                                                                                       | PTO/SB/21 (08-00)<br>ved for use through 10/31/2002. OMB 0851-0031                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Under the Paperwork Reduction Act of 1995, no persons are requ                                                                  | U.S. Patent and Traden                                                                                                                                                                                                                                                      | nerk Office: U.S. DECARTMENT OF COMMERCE                                                                                                                                                                                                              |
|                                                                                                                                 | Application Number                                                                                                                                                                                                                                                          | 09/427,447                                                                                                                                                                                                                                            |
| TRANSMITTAL                                                                                                                     | Filing Date                                                                                                                                                                                                                                                                 | 27 Oct 1999                                                                                                                                                                                                                                           |
| FORM                                                                                                                            | First Named Inventor                                                                                                                                                                                                                                                        | Alexander Goen SZYNALSKI                                                                                                                                                                                                                              |
| . (to be used for all correspondence after initial fil                                                                          | ling) Group Art Unit                                                                                                                                                                                                                                                        | 2166                                                                                                                                                                                                                                                  |
|                                                                                                                                 | Examiner Name                                                                                                                                                                                                                                                               | Samuel RIMELL, Esq.                                                                                                                                                                                                                                   |
| Total Number of Pages in This Submission                                                                                        | Attorney Docket Number                                                                                                                                                                                                                                                      | Nutrimerica                                                                                                                                                                                                                                           |
| E                                                                                                                               | NCLOSURES (check                                                                                                                                                                                                                                                            | all that apply)                                                                                                                                                                                                                                       |
| Fee Attached  Amendment / Repty  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request | Assignment Papers for an Application)  Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Ferminal Disclaimer  Request for Refund  CD, Number of CD(s)  One | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Natice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): |
| SIGNATURE OF A                                                                                                                  | APPLICANT, ATTORNEY, OR A                                                                                                                                                                                                                                                   | GENT                                                                                                                                                                                                                                                  |
| Firm                                                                                                                            | 325, Pharma. Patent Attys                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                       |
| Signature / Will / Will                                                                                                         |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       |
| Date See below date                                                                                                             |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       |
| CERT                                                                                                                            | IFICATE OF MAILING                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       |
| I hereby certify that this correspondence is being deposited mail in an envelope addressed to: Commissioner for Patent          | with the United States Postal Service                                                                                                                                                                                                                                       | te with sufficient postage as first class ate: see below date                                                                                                                                                                                         |
| Typed or printed name Mark POHI Pog. No Signature                                                                               |                                                                                                                                                                                                                                                                             | 19 Sept0                                                                                                                                                                                                                                              |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Unicer, U.S. Patent and Trademark Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents. Weshington, DC 20231.

JUN 5 2003

### PETITIONS OFFICE

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| for FY 2001                                                                                                                   |             | Filing                | g Dat    | be               |                 | 27 Oct                  | : 1999                         |                  |                |
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| 1. BASIC FILING FEE Large Entity Small Entity                                                                                 | 116         | 390                   | 216      | 195              |                 |                         | ly within sec                  |                  |                |
| Fee Fee Fee Fee Fee Description                                                                                               | 117         | 890                   |          | 445              |                 |                         | ly within thire                |                  |                |
| Code (\$) Code (\$) Fee Paid 101 710 201 355 Utility filing fee                                                               | 118         | 1,390                 | 218      | 695              | Extension       | on for rep              | ly within faur                 | th month         |                |
| 108 320 208 160 Dosign filing fee                                                                                             | 128         | 1,890                 | 228      | 945              | Extension       | on for rap!             | ly within fifth                | month            |                |
| 107 490 207 245 Plant filing fee                                                                                              | 119         | 310                   | 219      | 155              |                 | f Appeal                | •                              |                  |                |
| 108 710 208 355 Relative filing fee                                                                                           | 120         | 310                   | 220      | 166              | Filing a l      | brief in su             | pport of an a                  | appeal :         |                |
| 114 150 214 75 Provisional filing fee                                                                                         | 121         | 270                   |          | 135              | •               | for oral h              | _                              |                  |                |
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| Multiple Dependent                                                                                                            | 122         | 130                   | 122      | 130              | Petitions       | to the C                | emmissioner                    | . [              |                |
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| Large Entity Small Entity Fee Fee Fee Fee Fee Description                                                                     | 128         | 180                   | 126      | 180              | aaimdu <b>3</b> | ion of Info             | ormation Dis                   | closure Strnt    |                |
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| 102 80 202 40 Independent claims in excess of 3                                                                               | 146         | 710 -                 | 248      | 355              |                 | ubmissio<br>§ 1.129(    | n efter final (<br>a))         | rejection        |                |
| 104 270 204 135 Multiple dependent claim, if not paid-<br>109 80 209 40 ** Reissue Independent claims<br>over original patent | 149         | 710                   | 249      | 355              | For each        | n addition              | al invention I<br>R § 1.129(b) | to bo            |                |
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| or number previously paid, if greater: For Keissues, see above                                                                | - Keilu     | ueu try               | 디션(3)©   | rung             | Peo Paki        | 5                       | UBTOTAL                        | . (3) (\$)       | للسسين         |
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| Name (PrintType) Mark POHL, Esq. 100                                                                                          |             | ogistra:<br>ttarneyi: |          | <sup>D.</sup> 35 | ,325            |                         | Telaphone                      | (973) 665-0.     | 275            |
| Signature de la                                                                           |             |                       |          | -                |                 |                         | Date                           | 19 Contr         | 71             |

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### IN THE UNITED STATES PATENT OFFICE

Inventor : Alexander Goen SZYNALSKI

Serial No. : 09/427,447 Filing Date : 27 Oct 1999

Title : Stop Smoking Methods

Group Art Unit: 2166

Examiner : Samuel RIMELL, Esq.

Assistant Commissioner of Patents Washington, DC 20231

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### AMENDMENT

Please amend pending claims 1 and 11 to read:

- 1. A method for helping a tobacco smoker to stop smoking, said method comprising the steps of:
- (A) providing to a tobacco smoker an nonconditioning, educational program to educate said tobacco smoker's conscious mind, said educational program including education both on the disadvantages of smoking and on conscious techniques to stop smoking,
- (B) providing to said tobacco smoker at least one hypnosis program to train said tobacco smoker's subconscious mind to discourage said tobacco smoker from performing smoking behavior, and
- (C) providing to said tobacco smoker lobelia an anti-smoking drug in an amount effective to aid in the reduction or cessation of said tobacco smoker's craving to smoke tobacco,
- such that said tobacco smoker can be helped to stop smoking.
  - 11. A product to aid a tobacco smoker in ceasing to smoke tobacco, said product comprising:
  - (A) means for educating said tobacco smoker's conscious mind, said educational program including non-conditioning education both on the disadvantages of smoking and on conscious techniques to stop smoking,

S.N. 09/427,447 Filing Date 27 Oct 1999 Group Art Unit 2166 Examiner Samuel RIMELL, Esq.

- (B) means for hypnosis to train said tobacco smoker's subconscious mind to discourage said tobacco smoker from performing smoking behavior, and
- (C) lobelia—an anti-smoking drug in an amount effective to aid in the reduction or cessation of said tobacco smoker's craving to smoke tobacco.

A clean copy of claims 1 and 11 thus read:

- 1. A method for helping a tobacco smoker to stop smoking, said method comprising the steps of:
- (A) providing to a tobacco smoker a non-conditioning, educational program to educate said tobacco smoker's conscious mind, said educational program including education both on the disadvantages of smoking and on conscious techniques to stop smoking,
- (B) providing to said tobacco smoker at least one hypnosis program to train said tobacco smoker's subconscious mind to discourage said tobacco smoker from performing smoking behavior, and
- (C) providing to said tobacco smoker an antismoking drug in an amount effective to aid in the reduction or cessation of said tobacco smoker's craving to smoke tobacco,

such that said tobacco smoker can be helped to stop smoking.

- 11. A product to aid a tobacco smoker in ceasing to smoke tobacco, said product comprising:
- (A) means for educating said tobacco smoker's conscious mind, said educational program including non-conditioning education both on the disadvantages of smoking and on conscious techniques to stop smoking,
- (B) means for hypnosis to train said tobacco smoker's subconscious mind to discourage said tobacco smoker from performing smoking behavior, and

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- (C) an anti-smoking drug in an amount effective to aid in the reduction or cessation of said tobacco smoker's craving to smoke tobacco.
- Please withdraw the previous cancellation of claims 7, 8, 17 and 18. Please add new claims 21-24:
  - 21. The method of claim 1, wherein said antismoking drug is an antidepressant.
- 10 22. The method of claim 21, wherein said antidepressant is lobelia.
  - 23. The product of claim 11, wherein said antismoking drug is an antidepressant.
  - 24. The product of claim 23, wherein said antidepressant is lobelia.

Claims 1, 6, 11 and 16 are pending in the application. Claims 1 and 11 stand rejected in light of Cooper et al.

### Claims 1 and 11

25 Amendments are made to elements (A) and (C).

Element (A) - "an educational program"

Cooper cannot anticipate claims 1 and 11 because

Cooper fails to teach an essential claim element.

"(A) The claims elements: require three education ...; (B) hypnosis, to use the unconscious mind to stop smoking; and (C) nutritional supplements addressing nutritional challenges with regard to Specification at 1. smoking." These three elements act on "the conscious mind, the unconscious mind, and the body." Id.

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The unconscious mind is programmed using repetition of stimuli, to take the subject toward pleasure from pain. Id. 7. at The Specification discusses numerous methods for programming the unconscious, id. Methods of programming the at 7-10. unconscious mind are referred to as "hypnosis." In the preferred embodiment, such hypnosis involves, for example, negative conditioning. Id. at 8. ("hypnosis focuses on interrupting 'conditioned generally, responses' and specifically, on interrupting the response to smoke").

Conditioning is "A process of behavior modification by which a subject comes to associate a desired behavior with a previously unrelated stimulus." American Heritage Dictionary (2000)(available www.dictionary.com). Conditioning was discovered by I.P. trained dogs to perform an PAVLOV, who unconscious response (salivation) in response to an unrelated stimulus (a bell). On-Line Medical Dictionary (12 Dec 1998).

"negative conditioning" Cooper teaches а apparatus. Conditioning method of programming is a unconscious response. It is not an educational program for the conscious mind. The claims have been amended to clarify that "conditioning" is a type of hypnosis, not a type of education.

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Element (C) - "lobelia"

Element C is broadened to encompass equivalents

of lobelia literally.

The Specification teaches that lobelia is an antidepressant acetylcholine receptor binder. Specification at 13-15. The Specification teaches other examples of antidepressants, id. at 18 (gotu kola extract; kava kava root).

It is known in the art that antidepressants can be used as stop-smoking drugs. For example, buproprion hydrochloride is sold both as an antidepressant (commercially available under the trademark WELLBUTRIN® from Glaxo-Wellcome Inc., Chapel Hill, North Carolina) and stop-smoking drug (commercially available under the trademark ZYBAN® from Glaxo-Wellcome Inc., Chapel Hill, North Carolina). Physicians' Desk Reference at 1277 et seq. (1999). Antidepressants "produce[] a calming effect within the body, thereby relieving the stress associated with nicotine withdrawal symptoms." Specification at 18, lines 8-9. This probably explains whv individuals quitting smoking feel better when taking an anti-smoking drug. Id. at 15, lines 12-14.

Accordingly, element (C) is broadened to encompass stop-smoking drugs generally, and dependent claims 21-24 are added to recite lobelia specifically.

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Claims 7, 8, 17 and 18

These claims were previously rejected as allegedly non-enabled under Section 112, first paragraph. The claims were then withdrawn based on the understanding that the remaining claims would proceed to prompt allowance. The 24 Oct 2001 Office Action moots the reason to have withdrawn these claims.

These claims comply with 35 USC 112. Claims 7 and 17 recite "at least one weight-control product." Claims 8 and 18 require the weight control product to include a stimulant.

Weight control products ("anorexants"), the use of CNS and the therapeutically effective stimulants as such, amounts, are known nearly universally in the United States. The Merck Manual at 2492-93 See e.g., ("CNS stimulants are used to ... suppress the appetite. \*\*\* failure of most obese patients to lose satisfactorily by attempting to decrease food intake alone has led to widespread use of anorexants. Amphetamine and related compounds ... are most effective for the first 3 to 6 wk."). CNS stimulants which are used as anorexants in include amphetaminil, benzphetamide, chlorphentermine, clortermine, dextroamphetamine sulfate, diethylpropion, nethylamphetamine, mazindol, methamphetamine, and others. See The Merck Index (1996). The Specification need not disclose subject matter already common knowledge in the art.

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Group Art Unit 2166
Examiner Samuel RIMELL, Esq.

### SUMMARY

All pending claims are believed patentable over the art. Prompt allowance is respectfully requested.

Respectfully Submitted,

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Tark POHL, Reg. No. 35,325 September 2001

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Physicians' Desk Reference (1999) select pages Merck Index (1995) select pages Merck Manual select pages

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## Chical Pharmocology

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100 mg have been used in severely resistant patients. For maintenance, disage is reduced to the ismallest effective amount. Hatoperidol is readily absorbed orally. Feak plants concentration occurs 2 to 6h afteringsetion and may plattere for as long as 72 is plasma levels may be detectable for weeks. In acote cases, haloperidol 2 to 5 mg IM may be given.

Histoperidol potentiates the effect of CNS depressants and anticoagulants. It diminishes the effect of L-dopa. It can dinainfulfishinesia but aggravates parkingonism in patients (or L-dopa therapy-Siner probudged-rienfolptic therapy is associated with development of tardive dyskinesias halopedidol is not recommended for the treatment of tardive dyskinesias halopedidol is not recommended for the treatment of tardive dyskinesias halopedidols.

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1. 1977年 1978年 1

Of the 4-thioxanthenes marketed in various countries, only chlorpwithrene and thiothione are available in the USA for chinical use. The thioxanthenes resemble the phenothiarmes in chemical structure, absorption, netabolism, exceetion, and chinical effects. Chlorprothixene and thiothixene have been used in the itreatment of schizophrenia and character. The average oral daily, adults dosage in 15-40, 209 ang for chaptorizations and 10 to 30 ang for thiothixene; however, individual patient requirements way.

Like other neuroleptics, the thioxantheres interfere with conditioned reflex activity without affecting unconditioned selfex activity. They innesses limbic system activity and inhitic propriety converging around reflex activity. They innesses limbic system activity and inhitic propriets of trayelic antidepressates. Thiothirene is comparable to chloppromanic in the appearite impact and is particularly effective against affective symptoms. It is especially useful for patients who are specially withdrayn, and is also effective in the management of psychotic degression, tension-agitation, and anxiety.

Fever, faiting, and drownings are the most frequent adverse effects. The senativity to smilgh seen with phenothizzing it usually not observed. The relative frequency of adverse effects with this observed. The relative frequency of adverse effects with this observed. The lower incidence of extrapyminidal effects in long-term maintenance therapy is especially adventageous. This fluxene has fewer adverse effects on the myocardium than does this identification.

## OTHER ANTIPSYCHOTIC DRUGS

....

Imagina, a tricyclical bytoxyszeging derrystyre, is chamically distinct from thioxantheach, buyropheromes, and phenothiazines. Its pharmecologic and toxicologic properies are similar to thase of the piperarne group, of phenothiazines. Therapeutic efficacy is comparable with that of other neuroleptics in salzophrane. Side effects include involuntary movements, hypotension, and someodene, Oral doses range from 0 to 100 mg/day, although some patients may require up to 120 mg/day.

Modiviere, a dihydroindologe dervenive, is structurally different from the phenothitriacts intyrophenouse, and thickenothenes, but, is also, plumacologically similar to the phenothizatines. The duty oral dose range is 20 to 200 ag.

# CENERAL CENTRAL NERVOUS SYSTEM STEMULANTS AND ANOREXIANTS

CNS stimulants are used to increase alectuess, inhibit fatigue, suppress the appetite, mankes 'exitain' children' with minimal foraits dysfunction or hyperkinesis, and trest narcolepsy; Mingly 66 thirst drugs are related to ampletamine and share the phenethylamine at the constant of the phenethylamine at the constant of the phenethylamine at the phenethylamine at the phenethylamine at the phenethylamine and share the phenethylamine at the phenethylamine at the phenethylamine at the phenethylamine and the phenethylamine at 
Drugs Acting on the Central Nervous System 2493

Indirectly by displacing endogenous catecholomines from storage sites in neural tiegases, but may also be partly related to direct catecholomine-like, adjuncting receptor againsting in the CNS. There use in alinical medicine continues, to descline because of againsting use to induce brief mood elevation, or to suppress, faiting and a fear affect monthly in nonchalant prescribing may have contributed to abuse (see also 51, 1, 13).

The failure of most obese patients to lost weight satisfactorily by attemping to effect asset food intake alone has led to widespread use of anorexiants. Though these stimus may be of value in beginning a weight reduction program, their long-term, nility has been curstioned. Amphelamine and related compounds such as diethylppspion, and pentientials, and phendimetrazine are most effective for the first 3 to 6 wk. The suggestion that they reight be useful informationly over a long period to aid in weight centrol has been mide. The dosage usually is divided and given before meals, but some agents have a long duration of action and may be given less frequently. Most another stants may disturb sheep if given late in the day. The use of agents less subject to abuse than amphetamine or phennetrazine is recommended whenever feasible.

Arreptermine is the prototype CNS stirnulant. There are a variety of amplications stills and mixtures in various formulations. Amplications produces disciplications with increased waterfulness, alertices, conscientation, and physical deathfulantes. Synthesis and distributes of pressures are ritised, the respiratory center its safritation appetite is suppressed through a central effect. It is rapidly absorbed from the GFRest, reaches high concentrations in the CNS, and is largely metabolized. Its prolonged function of sympathomimento action relates to its resistance to metabolic degradation by enzymes that metabolize catechalamines. Amplication and related compounds, when taken repeatedly, induce tolerance to some degree, but this is partially dependent on dosage.

Insomina dizziness, excessive sweating, tremots, and cuphoria may occur, and feelings of depression and fatigue often accompany withdrawal. Anxiety, and panic, states are seen, particularly at the high dosage levels associated with amphygamine abuse. Lethal overdose is uncommon because of the large difference between an effective and final dose and because tolerance, has often acquired. Enr a detailed discussion of amphetamine abuse and is management, see Ch. 138

Methytobenidete is a CNS stimulart with effects strains to that of amphenemine, It is used to treat hypertanests in children (see Lakkniko Disordensis in Co. 1885) and Tor parcolegysy (see Ch. 122).

in: fentlinearine, a newer anorexiant, appears to have minimal abuse potential: Alflooring a phenethylamine, it has sedation as its principal side effect and may be given
fare in the day without disturbing sleep. It should be avoided in patients with a history
for mental depression and nigrature. Some feel that a low night-time dose of feaflurafanine may be combined with a daytime dose of phentermine or diethylpropion for effecfive and minimally symptom-inducing anorexia

### ANTIEMETICS

:

Drugs that prevent or relieve names and contings. Nausea and comiting may be symptoms of disease processes, e.g. metabolic of mirrobial toxins, or responses to filmuli such as drugs, radiation, or motion. The underlying cause should be sought and exprected if possible, as the entology suggests which adjuctively is optimal for symptomize; treatment. Nausea and comiting induced by approprietoric apprintmal for symptomizing and irror preparations should be treated by graducing the dose, changing the

strogens, and troe preparations should be urated by reducing the dose, changag the figure of alministration, or switching to another grag.

Stimulation of the vomiting center, in the medifila can arise in the chemoreceptor aggree zone (CTZ), cerebral cortex, or vestibulat apparatus, or can be relayed circeity from peripheral areas (cg. gastric nucosa). Though the mechanism of setion of the

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### THE MERCK INDEX

AN ENCYCLOPEDIA OF CHEMICALS, DRUGS, AND BIOLOGICALS

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٠.

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Rose Bengal, 84216 Sadiam Benzoate; 822 Sodiam Chromato(VI) active, see 8745 Sodiam locide, Radia Sulfobromophthalain Teriperatide Apetitic Tolonium Chioride TSH, 9931 Tuberculin, 9937 Tubocumrine Chlorid Vitamin B<sub>12</sub>, Redicate Mylose, 10220

### DIAGNOSTIC AID (CONTRACENT)

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### DIAGNOSTIC AID (BADIS IMAGING AGENT)

Bugedronic Acid Co Disofenin Comple Disofenin Comple SmTc see 3422 Exametazime Comple Fludeoxyglucose Fig. Iobenguane 5027 p. Ioferamine 221, 5000 Lidofenin Complexit 5500 Medronic Acid Comp 9mTc see 5837 Oxidronic Acid Comp Pamidronic Acid Con Pentetreotide Chelste Saumomab Pendetile 8530 Sodium Pertechnetate Sodium Phosphate.Ru 8807 Stannous Pyrophospi with 9900 To see 699 Succimer Complex Technotium, 9256 Technetium \*\* Tc 1 9250 Tetrofosmin Compl see 9383 133 Xanon see 10206

### DIAGNOSTIC AID (RADIG MEDRUM)

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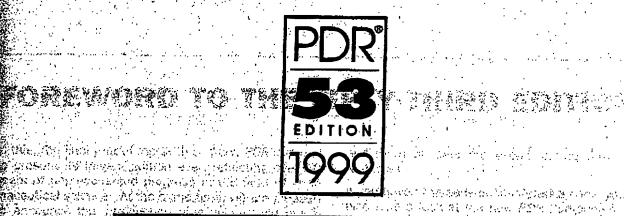
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Stibers of Medical Scanners Company: President and Chief Executive Officer. Curis B. Allen; Vice President, New Median L. Suzanne Bedell: Vice President. Composite August 2000 Annual Report Composite August 2000 Annual Report Report 2000 Annual Report Report 2000 Annual Report Repo



### PRODUCT INFORMATION ::

### DOSACE AND ADMINISTRATION

CAUTION - RAPID ON BOLUS INTRAVENOUS AND INTRA-MUSCULAR OR SUBCUTANEOUS INJECTION MUST BE AVOIDED. Therepy should be initiated as early as possible following drawt of algua and symptoma. For diagnosis-

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Disage: Herpes Simplex infections: Musesal and Cutaneticsego: Perpos Garana Mandal Mandal Company of the Herper Simplex (HSV-1 and HSV-2) infections in immul-inguampromised Patientis: 5 paging infused at a constant mite over I hour every 8 hours (15 mg/kg/day) for 7 days in Saluit patients with normal renal function. In pediatric pa-chans under 12 years of age, more accurate desing can be whence by infusing \$60 mg/m² at a sension vate over 1 hour, every 8 hours (750 mg/m² day) for 7 days. Severy initial Chilent Episodes of Merges Genitalis. The

the dose given above—submistered for 5 days.

The dose given above—submistered for 5 days.

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pediatric patients between 6 months and 12 years of age, nore accurate dosing is behieved by inflising 500 mg/m², at stant sate over at least 1 hour, svery 8 hours for 10

tays, Vericella Zostar Infections: Zostar in hymunocompromised Periodle Zosser Infections: Zoster in immunocompromised Petients: 10 mg/kg infused at a constant rate over 1 hour, sown 4 hours for 7 days in adult patients with normal renal ministion. In pediatric patients under 13 years of age, equivalent plasma consentrations are attained by infusing 500 mg/m at a constant rate over at least 1 hour, every 8 hours 12h 7 days. Obese patients should be deseid at 10 mg/kg (Ideal Hody Weight). A maximum tiobs equivalent to 500 mg/m period 8 flours should not be exceeded for any patient. Petitons with Active or Chronic Renal Impairment: Refer to

DOSAGE AND ADMINISTRATION section for recommanded doses, and adjust the dusing interval as indicated in the table below.

| Greatinine Clearance<br>(ml/min/1.73 m²). Rec | Percent of commended Dose      | Interval<br>(hours)         |
|-----------------------------------------------|--------------------------------|-----------------------------|
| >50<br>25-50<br>10-25<br>0-10                 | 100%<br>100%<br>100%<br>. 100% | . 8<br>12<br>24<br>24<br>24 |

Hemodialysis: For patients who require dislysis, the mean pasma ball-life of acyclovir during be modialysis is approximately 6 hours. This results in a 60% decrease in plasma mately 5 hours. This results in a 60% decrease in plasma monotrations following a 6-hour dialysis period. Therefore, the patient's desired schedule should be adjusted so that an endial mean and the second schedule as the second schedule should be seen as that an endial mean of the second schedule second schedules. No supplemental dose appears to be pressure, after adjustment of the desing interval. per sodium squivalent to 500 mg of acyclovir Each 20 mL sial contains acyclovir sodium equivalent to 1000 mg of acy-clovir. The contains of the vial about the dissolved to Overile Mater for Injection as follows:

| 10.2<br>1.2. | Continuts of Vial | Amount of Diluent |
|--------------|-------------------|-------------------|
|              | 600 mg            | 10 mL             |
|              | 1000 mg           | 20 mL             |

The resulting solution in each case contains 50 mg acyclovir for ML (off approximately 11). Shaha the vial well to esture implete dissolution before measuring and transferring the individual dose, DO NOT USE BACTERIOSTATIC WATER FOR INJECTION CONTAINING BENZYL ALCOMENT OF DAY AND DAY AND THE PROPERTY OF DAY AND THE PROPERTY OF THE P LOR PARABENS.

initial station: The colculated does should then be re-noised and added to any appropriate intravenous solution the relucion selected for administration during each 1-hour fusion. Influsion concentrations of approximately 7 mg/ml. Jahrlon. Inflation consentrations of approximately? Ingril, lyres are recommended. In chairel studies, the average life in a fault received between 60 and 150 mL of fluid periods. Higher concentrations (e.g., 10 mg/mL) may produce this first or inflammation at the injection site upon inadversable artravastion. Standard, commended by available electricists of a fluid standard commended with the commended of the intravenous and interpretation building of collections of the commended of the commended.

in the viel at a concentration of 50 mg/ml., dang about do used within 12 hours. Once diluted for tiministration, each dose should be used within 24 hours. Ridgeration of reconstituted solutions may result in fur-lition of a precipitate which will redissolve at room myerature. ...

BOW BUPPLIED

20-ml. sterile vials, each containing acyclovir sedium equivalent to 1000 mg of acyclovir, tray of 10 (NDC 0178-0952-

Store at 15" to 26"C (59" to 77"F).

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Shown in Product Identification Guide, page 315

### 18 1 1 1 1 ZYBANM [zi őan]

(hupropion hydrochloride) Sustained-Reisass Tablets

### DESCRIPTION

PERSUMPTION

ZYBAN (hupropion hydrochloride) Sustained-Releas

Tablets and a non-missione aid to empling cassation. In

tially developed, and marketed as an antidepressar

(WELLEUTHING Burnolon hydrochloride) natice of

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WELLEUTHING Burnolon hydrochloride Bustines

Felence Tablets), ZYBAN is chemically unrelated to trac
clic, tartacyclic, selective section re-untake inhibitor, c

other known autidepressant secute. Its structure closely a

sembles that of disthylpropion; it is related to phenyleth

lamines. It is (2)-1.48-chlorochenyl)-2-[(1,1-dimethylist)] samines. It is (=) 1.(8, chlorophenyl) 2-[(1,1-dimethylst) lamines. It is (=) 1.(8, chlorophenyl) 2-[(1,1-dimethylst) yl)aminol-1-propanane hydrochloride. The molecular weight is 278.2. The molecular formule is C<sub>1.2</sub>H<sub>10</sub>CINO HCl. Bape pion hydrochloride powder is white, crystalline, and highles abouble in water. It has a bitter taste and produces the soluble in water it has a bitter taste and produces the sol sation of local anesthesis on the oral muces:

EYPAN is supplied for oral administration as 150 mg (pr

AYBAN is supplied for onel administration as 181 mg (pn pla), film-control, sustained release tablets. Each tablet con tains the labeled amount of bupropion hydrochluride as the inactive ingredients carnaubs wax, cysteine hydrochluride, hydrocypropyl methylcellulass, magnasium steerat mirrocyptalline collulose, polyethylene glycel, polyethylen

Continued on next page

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This product information is based on labeling in effect on Jun This product information is based on inballing in errect of a 1, 1898. For further information, contact via direct mail, phon or web site Medical Information: Glace Wellcurre Inc. PO Bt 13299. Research Triengis Park. NC 27709. Healthce Professionals (Medical Information): 800-334-0089-Patien (Customer Response Center): 888-75LK2GW (1-888-825-524 Glace Wellcume Corporate Web Site: www.glacoweaffcoms.co.

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| dy (General)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | বিজ্ঞানীকলা এই । তাল সংক্রান্ত<br>তালে কৰিছুৰ লাকেৰ বাবে<br>বাবেৰ স্মিতিক উপ্তৰ্গ । স্কৃতি সংক্ৰা                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | is sum to fed<br>uni media<br>and anomalia                            |
| lot finabes<br>Types kension<br>Lypes kension                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | etin gurun Luni vi<br>Se an den j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | eta iliante nome                                                      |
| nevansed appendite or price program of the program  | the formulation regions of the second of the | afgu≼l og i<br>and ≪£ine                                              |
| Property on Seasons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | erte pastige in based<br>trade integraphing, on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25-4 GH21 3                                                           |
| AND THE ASSESSMENT OF THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Hadled ingmentum E<br>butth Trigospha Hari<br>a totaviving tuton sati<br>sayunna Cautoni: 268                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ক্ষমান ক্ষিত কৰিছ<br>ক্ষমি ক্ষমিকা<br>ক্ষমিকাকীকা<br>ই অসম্ভাৱন ক্ষমি |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |

| Shin                           | LOUNG PROCES             | 7 44 24301 . |
|--------------------------------|--------------------------|--------------|
| Pruritus<br>Rash               | 9,,,,;                   |              |
| Dry skin                       | 2                        | .0           |
| Urticaria VX<br>Special senses | krystalat                | 0<br>17      |
| Tuste perversion               | :::5, ··· <b>\2</b> ;; · | <b>&lt;1</b> |

\* Selected silverte events with an incidence of at least 1% of patients treated with ZYBAN and more frequent than in the placebo group. the placebo group. 27.54(9)

[See table 4 at top of next page] (See table 4 at top of next page)
Other Events, Observed During the Clinical Development and Postrustketing, Experience of Supreplant. In addition to the adverce events noted above, the following events have been reported in clinical trials with the scattained release formulation of bupropion in degreesed patients and in non-degreesed smokers, as well as in clinical trials and postming thing divided accessors.

normalism of traproping in degressed paramic and in nondegressed smokers, as well as in clinical trials and postumarketing clinical experience with the immediato-release for
multifor of bin primitive and the immediator of the immediator of
curred in clinical trials with proposition of patients who
experienced a presentant marginal discontinuation of the immediator of the immedi

reasonably-associated with the use of the crue, and receed when is that were in a serious and become in a were than two parties.

Evants are inther categorized by body system and listed in order of destinating frequency activiting to the following shiftings of frequency activities are desired as the second of the shifting of the following the shifting of the following shifting with the standard occurred in things the shift pagentage and provided occurred in things the shifting experience with the initial straight shifting experience with shiftings of the provided of the shifting of th

tion, was daining, processed was syndrome of inappropriate controlling to be a sent of the propriate controlling to the pr

gippantigg of a self-of a self-of as a self-**गोकोरोकापुर्वोश्रवंद**्य कार्यसूच्या । १ - तर । १३७५ (वर्ष्ट्र गोलवंद्र गोलवंद्र गोलवंद्र

Marious Systems: Frequent were agitation; depression, and tertiability: inflequent were abnormal coordination; confection abnormal coordination; confection; descensed lithic; decreased making control of motions! liability, infellity, by perkinssis; hyperiodis, hyperiodis, presthesis; suicidal ideation, and sertiguella expectations, and sertiguella expectations. idestion, had def tigo dare iver e madeta, atenta; derentera-tion, and hypomenia. Also observed were absornal electro-encephalogram (BRO); distriction, aphasia, coma, delirium; definitions, dynarthy activations, dystonie, suphoria, extra-py amidel, syndrome, hypothesia, dure eased, abido, manio reaction, advantigation purposition, paramid reaction, and un-magicing tartice, dystinesia.

preprinciple of the first of the first of the second of the first of t

Skin: Brament was sweating. Infrequent was arms and dry akin. Bara was maculopapular rash. Also observed were angioedoma, exhibistive dermatitis, and hirsutism.

angicedema, embistive dermatitis, and hirsuitsm.

Special Senses: Frequent was amblyopia. Infrequent war accommodation obnormality and dry oye. Also observed were desinous, diplopia, and mydriasis.

Urogenitat: Frequent was urinary frequency. Infrequent were impotence; polyuria; and urinary ingency. Also observed were ubnormal ejaculation, cystitis, dyspareunia; dysuria. synecomastia, menopause, painful erection, prostitet disorded, sellpingitis, urinary incontinents; urinary restartion, urinary tractidisorder, and wasnitis. tention, urinery tract disorder, and vaginitie. DRUG ABUSE AND DEPENDENCE

DRICA BUILT IND DEPENDENCE
THAN IS HERY to have a low always potential.
Hurhans: There have been few reported cases of drug dependence and withdrawal symptoms associated with the immediate-release formulation of burgopium. In human studies of abuse lability, takividual's reportenced with drugs of abuse reported that burgopium induced a feeling of august and describility. In these subjects, a single dose of august and always are abused as a single dose of august and always are abused as a single dose of august and a suphorm and desirability. In those subjects, a single dose of 400 mg (1.83 timos the recommended daily dose) of buproping polygical and a model shift desiral compared to place of the many plac

mon to objection militaris. In rocking, it has been shown to increase leavasted activity elicits, which streetyped butter-increase process, and increase rates of responding in Several Scheffing controlled temporary produces. In primary models of estates the politics temporary of responding in Several Scheffing controlled temporary of the produces. In primary models of the estate of payellocative controlled temporary of the produces and the politics of the estate of the produces and the politics of the estate of the experienced neuesa, visual hallucinations, and, gragginess. None of the patients experienced further sequelec.
There has been extending experience with overdesages of
the immediate release formulation of burners in Thresen
the immediate release formulation of burners and represent
gendese, excitred during children rails in depresent patients. There prince ingusted 850 to 4, 200 ang and repreend without significant sequeles. Another patient who ingenerate 000 and to be impediate release formulation of bumorpho and 800 ang of translets release formulation of bumorpho and 800 ang of translets release formulation of bumodiate release formulation of burners and beautiful
the immediate release formulations of burners was reported in approximately one third of
all cases. Other parious apartions reported with everdopes of
the immediate release formulations of burners and since taken
unded halluminations. Insent approximates, and since taken all ages. Other serious months represent the immediate release formulation of improvers sings, in cluded hallministices, lossed quancinumenses, and gines tach cluded hallministices, lossed quancinumenses, and gines tach yeardis. Fever muscle rightly, rhabdomyopais, hypotension, stupm, come, and respiratory failure have been reported when the immediate-release formulation of huppopion was part of multiple drug overdiness. Although their patients trouvered willicht sequilie, "forsthe appropriate with twentices of the immediate-release formulation of beforeign along these been reported rarely in fatients intesting missive direct of the drug. Multiple immulation of beforeign along these formed fathers, and tardier arrest into to death were reported in these patients.

Missignment of Overdonia. "Following sufficient overdose, hospitalization is advised by notice of these patients were reported in these patients. When given it is a sufficient of the could be induced by notice of these patients with the could be obtained. Electrochritisgram and EES monitoring also see the could be induced by the minimum absquats find in take should be provided. The minimum and the monitoring also see the patient is supported, countries, or convoluting, all way in the latter than the supported. The minimum absquats find in take should be provided.

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| PRODUCT INFORMATION: |
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| en e | ZYBAN <sup>n</sup><br>800 mg/day                    | Nicosine<br>Transdormal<br>System (NTS)<br>21 mg/day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ZYBAN<br>and NTS                        | Placebo                                      |
|------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| Adverse Experience<br>(COSTART Term)     | (ii = 245)<br>%                                     | (n = 243)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (A = 244)<br>%                          | (n = 159)<br>%                               |
| Body                                     |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                       | <u>०० - अज्ञासन्त्र</u>                      |
| Abdominal pain Accidental injury         | 0                                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                       | 1                                            |
| Chost pain                               | · (* - * - ) · 22 · * · · · · · · · · · · · · · · · | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                       | 1                                            |
| Neck pain                                | 20                                                  | January Paris Santa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (c. ). 3                                | 1 "                                          |
| Facial edema                             |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                       |                                              |
| Cardiovascular                           |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                              |
| Hypertennion                             | $\mathbf{i}$                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                              |
| Palpitations                             | 2                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | 0                                            |
| Digestive of the control of the control  | Company of the state of the state of                | make him there                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                              |
| Nansea                                   | 9                                                   | i mar se <del>g</del> er at la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | an ann an an an an an an                | dan Anath                                    |
| Dry mouth<br>Constitution                | 10                                                  | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 1 1 1 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4                                            |
| Distribus                                |                                                     | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9                                       | \$ Arrest 8 - 1 - 1                          |
| Anopenda                                 | · 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4             | <b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | erstaat bela <b>g</b> aaste (           | 14.00 p. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Mouth ulcor                              | ·                                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | • • • • • • • • • • • • • • • • • • •        |
| Thirst                                   | <1                                                  | <1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | no 3 <b>2</b>                           | 0                                            |
| Amaculoskeletal                          | afak saka seriji akti is                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | an est notice to a second of            | 1 50 4.                                      |
| Myalgia                                  | 4 4 4                                               | <b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | anter garri d                           | at some and the so                           |
| Arthralgia                               | 5                                                   | . <b>š</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | ti i kan 🍰 karan 🖰                           |
| Tervolis system and a contract to the    | The second                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | general Secretaria                           |
| Insonicia .                              | 40                                                  | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 45                                      | 10                                           |
| Dream sphormelity                        | 5                                                   | 7 18 Arr 1.5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Jan 1 18 15 17 17 19                    |                                              |
| Anxiety<br>Disturbed concentration       | 8.                                                  | ுர் எ <b>. க</b> ோர் வரி ச                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rem with 9 entitled to                  | i ind <b>G</b> utrinte ∠                     |
| Dizziness                                | 9                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - creation Brown and a                  | ·,                                           |
| Nersonanees,                             | January and Marie and                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | r <b>8</b> -a+ sa-                           |
| Tremor                                   | <b>1</b>                                            | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                       | 2                                            |
| Dyephoria                                | <1                                                  | His e Beer second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | ar ele <b>ti</b> venera                      |
| ospiratory                               |                                                     | A region I regard to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Same Sales Sales Sales                  | rieser instal inglasse                       |
| Rhinitia                                 | 12                                                  | i i maran <u>n</u> ahatakad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and thought on the follow               | igil ik <b>ig</b> daka bida                  |
| Increased cough                          | 3                                                   | 1 45 4 <b>5</b> 4 5 6 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4 4 4 4 A                               | o ok 🎖o aktor                                |
| Pharynetis<br>Sinusida                   | 8.                                                  | 2 1 10 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rzietegicte.<br>Gerienegiz wie          | ··· • • • • • • • • • • • • • • • • • •      |
| Dyapnes                                  | Je                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                              |
|                                          | 1941 in \$per                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                       |                                              |
| Spietarie<br>rin                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | . 0                                          |
| Application site reaction t              | 12.                                                 | in the second of |                                         | <u>-</u> 1                                   |
| Phalit                                   | 4                                                   | The transfer of the section of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 16.                                     | 7                                            |
| Proritos in the                          | ]ក្រសួងការឡើកការ                                    | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                              |
| Irticaria                                | Committee Committee                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B.                                      | S. W. Januaryaya                             |
| edal Senser                              | 1.4                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | and A∀t officer<br>Notes there are           |
|                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                              |
| laste perversion                         | 3                                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and a second second                     | 7 A . P 2 A . 17 C. I                        |

Selected adverse events with an incidence of at beast 1% of patients treated with either ZYBAN, NTS, or the combination of ZYBAN and NTS and more frequent than in the placebo group.

†Patients rendomized to ZYBAN or platcher received placebo patches.

Witle divises, dialysis, or homoperfusion are sometimes used to treas drag overdosage, there tamo experience with their use in the management of overdoses of burropion. Recause diffusion of burropion and its instabolites from tissue to pleases may be slow, dielysis may be of minimal benefit: Based on studies to animals, it is recommended that sei-sures be treated with an intravenous beneadiazepine proparation and other importive manures; is appropriate. Further information about the recatment of overdoses may be available from a poison control contents of applications.

DOSAGE AND ADMINISTRATION

DOSAGE AND ADMINISTRATION

ZYBAN: Usual Dosage for Adalas: The recommended and
maximum, dose of ZYBAN is 300 mg/day, given as 150 mg
twice dolly. Desing should begin at 150 mg/day, given every
day for the first 3 days, followed by a foce increase for most
nationals to the recommended usual dose of 300 mg/day.
Thereshould be an interval of at least 3 hours between successive doses. Doses above 300 mg/day should not be used
(see WARNINGS). Treatment with ZYBAN should be initiated while the petiant is still empolans, since approximately
1 week of treatment is required to achieve steady-state
blood levels of burcopien. Patients should set a "target quit
date" within the first 2 weeks of treatment with ZYBAN,
generally in the second week. Treatment with ZYBAN,
should be continued for 7 to 12 weeks, duration of treatment
abould be continued for 7 to 12 weeks, duration of treatment
abould be based on the relative benefits and risks for individual patients. If a patient has not made significant progress towards shatthenere by the seventh work of theropy
with ZYBAN, it is unlikely that he or she will quit during
that attempt, and treatment should probably be discontinused. Dose tapering of ZYBAN is not required when discontinuing treatment. It is important that patients continue to
ZYBAN, and for a period of time theresfter.

Individualization of Therspy: Parients are more likely to quit smoking and remain abstinent if they are seen frequently and receive approximate their physicians or other health ears professorials. It is important to ensure that persent care the instructions provided to them and have their questions answered. Physicians should review the patient's overall smallers casation program that includes treatment with INFAN. Patients should be advised of the importance of particulations in the balaytoral interventions commention. of participating in the behavioral interventions, counseling and/or support services to be used in conjunction with ZYHAN. See information for patients at the end of the pack.

age tracert.

The goal of therapy with ZYBAN is complete abstinence. If a patient has not made significant progress towards shattle indices by the seventh weak of therapy with ZYBAN, it is not likely that he or shie will quit during their accompt, and treatment should list this continued.

Patients who fall to quit singleing during an attempt may benefit from interventions to improve their chances for sucbeauth from interventions to improve their chances or success of substitutes that their passing who are unsuccessful should be evaluated to determine why they failed. A new quit attempt should be encouraged when factors that contributed to failure can be eliminated or reduced, and conditions are more favorable.

tions are more layerance.

Maintenance: Although clinical data are not available regarding the long-term use (>12 wooks) of bupropion for smoking cassation, hupropion has been used for longer particle of time in the treatment of depression. Whether to continue treatment with ZYBAN for periods longer than 13 weeks for smoking cassation must be determined for midividual patients.

Combination Treatment With ZYBAN and a Micotine Transdermal System (NTR): Combination troute out with ZYBAN and NTS may be prescribed for amoking cassation. The prescriber should review the complete prescribing insmoking cassation, bupropion has been used for langer pe-

formation for both ZYBAN and NTS before using to tion treatment. See also CLINICAL TRIALS for m and dosing used in the ZYBAN and NTS combination Monitoring for treatment-emergent hypertension tients treated with the combination of ZYBAN and l recommended. .. /- -

### HUW SUPPLIED

ZYRAN Sustained-Release Tableta, 150 mg of bupropi druchloride, are purple, mind, biconvex, film-coated t printed with "ZYRAN 150" in bettles of 60 (NDC 0178-12) utblets and the ZYHAN Advantage Pack " coatan bottle of 60 (NDC 0178-0568-01) tablets.

Store at controlled room temperature, 20° to 25°C () 77°F) (see USP). Dispense in tight, light-realstant co etc. is defined in the USP).

PATIENT INFORMATION: The following words contained in a separate leaflet provided for patients.

Information for the Patient (Eupropion hydrochloride) Sustained-Hig

Ploase read this information before you start is Trues read this information softer you start to TYBAN Also read this leaded each time you renew you acripited to take the place of discussions between and your dector. You and your do discussions between and your dector. You and your doctor should discuss ZX us part of your plan to stop smeking. Your doctor has scribed ZYBAN for your use only. Do not let enjone els your ZYBAN. YOUT ZYBAN. IMPORTANT WARNING: 1.3.

There is a chaine that approximately I out of every people taking bapropian hydrochloride, the active ing ent in ZYBAN, will have applicate. The chance of this

ent in ZYBAN, will have a solvere. The chance of this princip increases if you:

They on a singure disorder (for trample, spilepsy),

have a singure disorder (for trample, spilepsy),

have they had an esting disorder (for example, but or more than they cape).

take more than the recommended smount of ZYBAI take more than the recommended smount of ZYBAI take increases with the same active ingredient is in ZYFAI, such has WELLBUTRING SR (furrorien dreahloride) Enhants and WELLBUTRING SR (furrorien dreahloride) Septembed Release Tableto. (Dull of increases)

arounding Sestand Lealease Tablets. (Bull. of it modifies are used to head depression.)

You can reduce the chance of experiencing a seisure by leving your doctor's directions on how to take ZYBAN, about also discuss with your doctor whether ZYBAN right for you.

1. What is ZYBAN?

1. What is ZYBANI ZYBANI ZYBAN is a prescription medicing to holp people quit so ing. Studies have shown that more than one third of segult smoking for at least 1 month while taking ZYBAN participating in a patient support program. For many rimits, ZYBAN reduces withirt awal symplems and the to amoke. ZYBAN chicolid be used with a patient supprogram; to important to participate in the behavit program; total lefting, or other supprogram; total lefting in other supprograms.

2. Who should not take ZYBAN?

You should not take ZYBAN if you:

• have a soizure disorder (for example, epilepsy),

• are already taking WELLBUPRIN, WELLBUPRIN SE any other modelnes that contain impropien hydrocl

ride.

• bave or have had an eating disorder (for example, buln

or ancersia nervosa).

are currently taking or have recently taken a monoam orders inhibitor (MACI).

are allerged to huppropion.

3. Are there special concerns for women?
ZYBAN is not recommended for women who are pregnant
breast feeding. Women should notify their dector if they coins prognitut or intend to become prognant while tak

How should I take ZYBAN?

 You should take ZYBAN as directed by your doctor. I usual recommended dosing is to take one 150-mg tablet the marning for the first 3 days. On the fourth day, be taking one 150-mg tablet in the morning and ma. 150tablet in the early evening. Doses should be taken at le S hours apart.

Never take an "entro" dose of ZYBAN. If you forget take a doso, do not take an extra tablet to "catch up": the dose you forget. Wait and take your next tablet at the engular time. Do not take more tablets than your does prescribed. This is important so you do not increase you prescribed. This is important.

chance of having a seisure.

it is important to swallow ZYBAN Tablete whole. Do r chew, divide, or crush tablete.

Continued on next pag-

This product information is based on labeling in effect on Ju 1, 1998, For turther information, contact via direct mail, phoor wob site Medical information, copper via direct mat, post 13398, Research Triacgle Park, MC 27709. Healthce Professionale, Medical information; 800-334-0089 Patter Corporar Response, Centrel; sep-724.K20V (1,480-82)—624. Glaxo Wellcome Corporate Web Site: www.glaxowellcome.co

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Under the Paperwork Reduction Act                                                                                                                                                                                                                                                                                                                 | of 1995, no persons are required                                | Application Number                                                                                                                                                                                               | on unless it displays a valid CMB control number. 09/427,447                                                                                                                                                                                                                       |
| TRAN                                                                                                                                                                                                                                                                                                                                              | SMITTAL                                                         | Filing Date                                                                                                                                                                                                      | 27 Oct 99                                                                                                                                                                                                                                                                          |
| F                                                                                                                                                                                                                                                                                                                                                 | ORM                                                             | First Named Inventor                                                                                                                                                                                             | Alexander G. SZYNALSKI                                                                                                                                                                                                                                                             |
| (to be used for all corr                                                                                                                                                                                                                                                                                                                          | respondence after initial filing                                | g) Group Art Unit                                                                                                                                                                                                | Office of Petitions                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                 | Examiner Name                                                                                                                                                                                                    | Brian HEARN                                                                                                                                                                                                                                                                        |
| Total Number of Pag                                                                                                                                                                                                                                                                                                                               | ps in This Submission                                           | Attorney Docket Number                                                                                                                                                                                           | Goen                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                   | EN                                                              | ICLOSURES (check                                                                                                                                                                                                 | all that apply)                                                                                                                                                                                                                                                                    |
| Fee Transmittal Form Fee Attached Amendment / Repty After Final Affidavits/declarati Extension of Time Reques Express Abandonment R Information Disclosure St Certified Copy of Priority Document(s) Response to Missing Par Incomplete Application Response to Missing Par Incomplete Application Response to Missing Par Incomplete Application | ion(s)  Pet Pet Pet Pro Ch- Add Ter Recuest tatement CD Remarks | signment Papers r an Application) awing(s) ensing-related Papers tition tition to Convert to a tovisional Application wer of Attorney, Revocation ango of Correspondence dress minal Disclaimer quest for Refund | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  Rule 322(a)(4) Response |
|                                                                                                                                                                                                                                                                                                                                                   | SIGNATURE OF AP<br>rmaceutical Patent A<br>1 & Assoc.           | PPLICANT, ATTORNEY, OR A                                                                                                                                                                                         | AGENT                                                                                                                                                                                                                                                                              |
| Signature                                                                                                                                                                                                                                                                                                                                         | $\sqrt{\sqrt{\sqrt{2}}}$                                        |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |
| A                                                                                                                                                                                                                                                                                                                                                 | Mar Fre                                                         |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |
| See lo                                                                                                                                                                                                                                                                                                                                            | pelow date                                                      | ****                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                   | CERTIF                                                          | FICATE OF MAILING                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                    |
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| Signature                                                                                                                                                                                                                                                                                                                                         | Jocquedico                                                      | Date                                                                                                                                                                                                             | 05 June 03                                                                                                                                                                                                                                                                         |

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| APPLICATION NO.              | FILING DATE                  | FIRST NAMED INVENTOR     | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|------------------------------|------------------------------|--------------------------|---------------------|------------------|
| 09/427,447                   | 10/27/1999                   | ALEXANDER GOEN SZYNALSKI |                     | 3197             |
| 7590                         | 12/04/2001                   |                          |                     |                  |
| MARK POHL                    |                              |                          | EXAM                | INEP.            |
| 55 MADISON AV<br>MORRISTOWN, | VENUE, 4TH FLOOR<br>NJ 07960 |                          | RIMELL, S.          | AMUEL G          |
|                              |                              |                          |                     |                  |

ART UNIT PAPER NUMBER

2166

DATE MAILED: 12/04/2001

Please find below and/or attached an Office communication concerning this application or proceeding.

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| <u>.</u> `_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Application No.                                                                       |                                                                                                     | Applicant(s)                                                                      |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 09/427,447                                                                            |                                                                                                     | SZYNALSKI, ALEX                                                                   | KANDER GOEN                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Office Action Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Examiner                                                                              |                                                                                                     | Art Unit                                                                          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sam Rimeli                                                                            |                                                                                                     | 2166                                                                              |                             |
| Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The MAILING DATE of this communication app<br>for Reply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | pears on the cover                                                                    | sheet with the co                                                                                   | prrespondence ad                                                                  | dress                       |
| THE - Ex aff - If 0 - I | HORTENED STATUTORY PERIOD FOR REPLE MAILING DATE OF THIS COMMUNICATION. tensions of time may be available under the provisions of 37 CFR 1.1 er SK (8) MONTHS from the mailing date of this communication, the period for reply specified above is less than thirty (30) days, a replace of the period for reply as specified above, the maximum statutory period illure to raply within the set or extended period for reply will, by statutely reply received by the Office latest than three months after the mailing mod patent term adjustment. See 37 CFR 1.704(b). | 36(a), in no event, howe<br>y within the statutory min<br>will apply and will expire: | over, may a reply be time<br>imum of thirty (30) days<br>SIX (6) MONTHS from to<br>become ABANDONED | sly filed will be considered timely to mailing date of this co (35 U.S.C. § 133). | /,<br>mmunic <b>st</b> ori. |
| 1)□                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Responsive to communication(s) filed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                                                     |                                                                                                     |                                                                                   |                             |
| 2a)[X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | This action is FINAL. 2b)☐ Tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nis action is non-fi                                                                  | nal.                                                                                                |                                                                                   | •                           |
| 3)[                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Since this application is in condition for allow closed in accordance with the practice under                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ance except for fo<br>Ex parte Quayle,                                                | mal matters, pro<br>1935 C.D. 11, 4                                                                 | osecution as to th<br>53 O.G. 213.                                                | e ments is                  |
| Dispos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ition of Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                     |                                                                                                     |                                                                                   |                             |
| 4)[>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Claim(s) 1.11 and 21-24 is/are pending in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | application.                                                                          |                                                                                                     | •                                                                                 |                             |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4a) Of the above claim(s) is/are withdra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | wn from consider                                                                      | ation.                                                                                              |                                                                                   |                             |
| 5)[                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Claim(s) is/are allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                                     |                                                                                   |                             |
| 6)∑                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Claim(s) <u>1, 11 and 21-24</u> is/are rejected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                     |                                                                                   |                             |
| 7)□                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Claim(s) is/are objected to.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                                     | . •                                                                               | _                           |
| 8)□                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Claim(s) are subject to restriction and/o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r election require                                                                    | ment.                                                                                               |                                                                                   |                             |
| Applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation Papers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                                     |                                                                                   |                             |
| 9)[                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The specification is objected to by the Examine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | er.                                                                                   | ·                                                                                                   |                                                                                   |                             |
| 10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The drawing(s) filed on is/are: a)☐ acce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pted or b)□ object                                                                    | ed to by the Exan                                                                                   | ni <b>ner.</b>                                                                    |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Applicant may not request that any objection to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e drawing(s) be hel                                                                   | d in abeyance. Se                                                                                   | e 37 CFR 1.85(a).                                                                 |                             |
| 11)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The proposed drawing correction filed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _is: a)□ approve                                                                      | ed b) disappro                                                                                      | ved by the Examina                                                                | 9F. <sub>.</sub>            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If approved, corrected drawings are required in re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                                                     | lion.                                                                                               | ·                                                                                 |                             |
| 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The oath or declaration is objected to by the Ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | aminer.                                                                               | -                                                                                                   |                                                                                   |                             |
| Priority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | under 35 U.S.C. §§ 119 and 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | ٠                                                                                                   |                                                                                   |                             |
| 13)[                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Acknowledgment is made of a claim for foreign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n priority under 35                                                                   | i U.S.C. § 119(a)                                                                                   | -(d) or (f).                                                                      |                             |
| á                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a) ☐ All b) ☐ Some * c) ☐ None of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | •                                                                                                   |                                                                                   |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Certified copies of the priority document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s have been rece                                                                      | ived.                                                                                               |                                                                                   |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. Certified copies of the priority document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s have been rece                                                                      | ived in Application                                                                                 | on No                                                                             |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Copies of the certified copies of the prio application from the International Bu See the attached detailed Office action for a list                                                                                                                                                                                                                                                                                                                                                                                                                                    | reau (PCT Rule 1                                                                      | 7.2(a)).                                                                                            |                                                                                   | Stage                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Acknowledgment is made of a claim for domesti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                                     |                                                                                   | application).               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a) The translation of the foreign language pro Acknowledgment is made of a claim for domest                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | visional application                                                                  | on has been rece                                                                                    | elved.                                                                            | M RIVER                     |
| Attashme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                                     | MI                                                                                | UNIX SULL                   |
| 2) 🔲 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tice of Raferunces Cited (PTO-892)<br>clice of Draftsperson's Patent Drawing Review (PTO-948)<br>primation Disclosure Statement(s) (PTO-1449) Paper No(s)                                                                                                                                                                                                                                                                                                                                                                                                                 | 5)                                                                                    |                                                                                                     | (PTO-413) Paper No(<br>atent Application (PTC                                     |                             |

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9739846159

Art Unit: 2166

Claims 1, 11 and 21-24 are rejected under 35 U.S.C. 112, first paragraph, as containing subject matter which was not described in the specification in such a way as to enable one skilled in the art to which it pertains, or with which it is most nearly connected, to make and/or use the invention.

Claims 1 and 11 have been amended to recite the usage of an "anti-smoking drug" instead of the originally recited "Lobelia".

The term "anti-smoking drug" broader in scope than the recitations of Lobelia found in the disclosure. Since the term "anti-smoking drug" can encompass prescription pharmaceuticals, it is far broader in scope than the recitation of Lobelia found in the disclosure.

Claims 1 and 11 can be corrected by deploying the term "Lobelia". This may be accomplished by Examiner's Amendment, with applicant's authorization.

Claim 1, 11 and 21-24 would be allowable if rewritten or amended to overcome the rejection under 35 U.S.C. 112, first paragraph, set forth in this Office action.

Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, THIS ACTION IS MADE FINAL. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event,

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however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication should be directed to Sam Rimell at telephone number (703) 306-5626.

Sam Rimell Primary Examiner Art Unit 2166

|                                                                                                                                                                                                                                            | Application No.                                                  | Applicant(s)                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| Interview Summary                                                                                                                                                                                                                          | 09/427,447                                                       | SZYNALSKI, ALEXANDER<br>GOEN                      |
|                                                                                                                                                                                                                                            | Examiner                                                         | Art Unit                                          |
|                                                                                                                                                                                                                                            | Sam Rimeil                                                       | 2166                                              |
| All participants (applicant, applicant's representative, PTO                                                                                                                                                                               | personnel):                                                      |                                                   |
| (1) <u>Sam Rimell</u> .                                                                                                                                                                                                                    | (3)                                                              |                                                   |
| (2) Mark Pohl.                                                                                                                                                                                                                             | (4)                                                              |                                                   |
| Date of Interview: 14 December 2001                                                                                                                                                                                                        |                                                                  |                                                   |
| Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2                                                                                                                                                     | 2) applicant's representative                                    | <del>3</del> ]                                    |
| Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:                                                                                                                                                                | e) No.                                                           |                                                   |
| Claim(s) discussed:                                                                                                                                                                                                                        |                                                                  |                                                   |
| Identification of prior art discussed:                                                                                                                                                                                                     |                                                                  |                                                   |
| Agreement with respect to the claims f) was reached.                                                                                                                                                                                       | g) was not reached. h)                                           | N/A.                                              |
| Substance of Interview including description of the general reached, or any other comments: <u>Agreed to Examiner's Am</u>                                                                                                                 | nature of what was agreed to it<br>nendment to place application | f an agreement was<br>in condition for allowance  |
| (A fuller description, if necessary, and a copy of the amendmallowable, if available, must be attached. Also, where no coallowable is available, a summary thereof must be attached.                                                       | iby of the amendments that wo                                    | ed would render the claims ould render the claims |
| i)☐ It is not necessary for applicant to provide a sep checked).                                                                                                                                                                           | parate record of the substance                                   | of the interview(if box is                        |
| Unless the paragraph above has been checked, THE FORM MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. action has already been filed, APPLICANT IS GIVEN ONE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. reverse side or on attached sheet. | (See MPEP Section 713.04).<br>WONTH FROM THIS INTERVI            | If a reply to the last Office                     |
|                                                                                                                                                                                                                                            |                                                                  |                                                   |
|                                                                                                                                                                                                                                            |                                                                  |                                                   |
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|                                                                                                                                                                                                                                            |                                                                  | <b>:</b>                                          |
| · •                                                                                                                                                                                                                                        |                                                                  | 1                                                 |
| Examiner Note: You must sign this form unless it is an                                                                                                                                                                                     | L. Kle                                                           | W.                                                |
| Attachment to a signed Office action.                                                                                                                                                                                                      | Examiner's signate                                               | ure, if required                                  |

#### Summary of Record of Interview Requirements

Manual of Patent Examining Procedure (MPEP), Section 713.04, Substance of interview Must be Made of Record

A complete written statement as to the substance of any face-to-face, video conference, or telephone interview with regard to an application must be made of record in the application whether or not an agreement with the examiner was reached at the interview.

## Title 37 Code of Federal Regulations (CFR) § 1.133 Interviews Paragraph (b)

In every instance where reconsideration is requested in view of an interview with an examiner, a complete written statement of the reasons presented at the interview as warranting feverable action must be filed by the applicant. An interview does not remove the necessity for reply to Office action as specified in §§ 1.111, 1.135, (35 U.S.C. 132)

37 CFR §1.2 Business to be transacted in writing.

All business with the Patent or Trademark Office should be transacted in writing. The personal attendance of applicants or their attorneys or agents at the Patent and Trademark Office is unnecessary. The action of the Patent and Trademark Office will be based exclusively on the written record in the Office. No attention will be paid to any alleged arei promise, atipulation, or understanding in relation to which there is disagreement or doubt.

The action of the Patent and Trademark Office cannot be based exclusively on the written record in the Office if that record is itself incomplete through the failure to record the substance of interviews.

It is the responsibility of the applicant or the attorney or agent to make the substance of an interview of record in the application file, unless the examiner indicates he or she will do so. It is the examiner's responsibility to see that such a record is made and to correct material inaccuracies which bear directly on the question of patentability.

Examiners must complete an Interview Summary Form for each Interview held where a matter of substance has been discussed during the interview by checking the appropriate boxes and filling in the blanks. Discussions regarding only procedural matters, directed solely to restriction requirements for which interview recordation is otherwise provided for in Section 812.01 of the Manual of Potont Examining Procedure, or pointing out typographical errors or unreadable script in Office actions or the like, are excluded from the interview recordation procedures below. Where the substance of an Interview is completely recorded in an Examiners Amendment, no separate Interview Summary Record is required.

The Interview Summary Form shall be given an appropriate Paper No., placed in the right hand portion of the file, and listed on the "Contents" section of the file wrapper. In a personal interview, a duplicate of the Form is given to the applicant (or attorney or agent) at the conclusion of the interview. In the case of a telephone or video-conference interview, the copy is malled to the applicant's correspondence address either with or prior to the next official communication. If additional correspondence from the examiner is not likely before an allowance or if other circumstances dictate, the Form should be mailed promptly after the interview rather than with the next official communication.

The Form provides for recordation of the following information:

- Application Number (Series Code and Serial Number)
- Name of applicant.
- Name of examiner
- Date of interview
- Type of interview (telephonic, video-conference, or personal)
- Name of participant(s) (applicant, attorney or agent, examiner, other PTO personnel, etc.)
- An indication whether or not an exhibit was shown or a demonstration conducted
- An identification of the specific prior art discussed
- An Indication whether an agreement was reached and if so, a description of the general nature of the agreement (may be by
  attachment of a copy of amendments or claims agreed as being allowable). Note: Agreement as to allowability is tentative and does
  not restrict further action by the examiner to the contrary.
- The signature of the examiner who conducted the interview (if Form is not an attachment to a signed Office action)

It is desirable that the examiner orally remind the applicant of his or her obligation to record the substance of the interview of each case unless both applicant and examiner agree that the examiner will record same. Where the examiner agrees to record the substance of the interview, or when it is adequately recorded on the Form or in an attachment to the Form, the examiner should check the appropriate box at the bottom of the Form which informs the applicant that the submission of a separate record of the substance of the interview as a supplement to the Form is not required.

It should be noted, however, that the Interview Summary Form will not normally be considered a complete and proper recordation of the interview unless it includes, or is supplemented by the applicant or the examiner to include, all of the applicable items required below concerning the substance of the interview.

A complete and proper recordation of the substance of any interview should include at least the following applicable items;

- 1) A brief description of the nature of any exhibit shown or any demonstration conducted,
- 2) an identification of the claims discussed,
- 3) an identification of the specific prior art discussed,
- 4) an identification of the principal proposed amendments of a substantive nature discussed, unless these are already described on the Interview Summary Form completed by the Exeminer,
- .5) a brief identification of the general thrust of the principal arguments presented to the examiner,

(The identification of arguments need not be lengthy or elaborate. A verbatim or highly detailed description of the arguments is not required. The identification of the arguments is sufficient if the general nature or thrust of the principal arguments made to the examiner can be understood in the context of the application file. Of course, the applicant may desire to emphasize and fully describe those arguments which he or she feels were or might be persuasive to the examiner.)

6) a general indication of any other portinent matters discussed, and

7) If appropriate, the general results or outcome of the Interview unless already described in the Interview Summary Form completed by the examiner.

Examiners are expected to carefully review the applicant's record of the substance of an interview. If the record is not complete and accurate, the examiner will give the applicant an extendable one month time period to correct the record.

#### Examiner to Check for Accuracy

If the claims are allowable for other reasons of record, the examiner should send a letter setting forth the examiner's version of the statement attributed to him or her. If the record is complete and accurate, the examiner should place the indication, "Interview Record OK" on the paper recording the substance of the interview along with the date and the examiner's initials.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Applicant(s)                                                             |                          |
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| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Art Unit                                                                 | T. COLIV                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sam Rimeli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2166                                                                     |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sam Rimen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2100                                                                     |                          |
| The MAILING DATE of this communication at All claims being allowable, PROSECUTION ON THE MERITS herewith (or previously mailed), a Notice of Allowance (PTOLNOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT of the Office or upon petition by the applicant. See 37 CFR 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | IS (OR REMAINS) CLOSED i<br>85) or other appropriate comm<br>RIGHTS. This application is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | in this application. If not include unleation will be mailed in due      | ad<br>course <b>THIS</b> |
| 1. This communication is responsive to Interview of 12/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | V01.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                          |
| 2. The allowed claim(s) is/are 1 and 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                          |
| 3. The drawings filed on are accepted by the Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                          |
| <ul> <li>4. ☐ Acknowledgment is made of a claim for foreign priority</li> <li>a) ☐ All b) ☐ Some<sup>*</sup> c) ☐ None of the:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | under 35 U.S.C. § 119(a)-(d) c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or (f).                                                                  |                          |
| <ol> <li>Certified copies of the priority documents h</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ave been received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                          |
| <ol><li>Certified copies of the priority documents have</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ave been received in Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | on No ,                                                                  |                          |
| <ol><li>Copies of the certified copies of the priority</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | documents have been receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d in this national stage applical                                        | ion from the             |
| International Bureau (PCT Rule 17.2(a))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>2</b> ,                                                               | · ·                      |
| * Certified copies not received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | :                        |
| <ol><li>Acknowledgment is made of a claim for domestic priority</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | y under 35 U.S.C. § 119(e) (to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a provisional application).                                              |                          |
| (a) L The translation of the foreign language provisions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | al application has been receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d.                                                                       |                          |
| <ol><li>Acknowledgment is made of a claim for domestic priority</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | under 35 U.S.C. §§ 120 and/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or 121,                                                                  | •                        |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" below. Failure to timely comply will result in ABANDONMENT  7.   A SUBSTITUTE OATH OR DECLARATION must be suINFORMAL PATENT APPLICATION (PTO-152) which gives re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of this application. THIS THR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EE-MONTH PERIOD IS NOT I                                                 | EXTENDABLE               |
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| <ul> <li>CORRECTED DRAWINGS must be submitted.</li> <li>(a) including changes required by the Notice of Draftsp</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Arconia Ratont Deguine Boule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | / DTO 5452 -H                                                            |                          |
| 1) horeto or 2) to Paper No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | erson's Patent Drawing Revie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | w (P10-948) attached                                                     | •                        |
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| (c) including changes required by the attached Examin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | er's Amendment / Comment o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n has been approved by the E                                             | xaminer,                 |
| (-) Commission and a second examini                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | er a vaneumucht \ Colliment o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r in the Oπice action of Paper N                                         | No                       |
| identifying indicie such as the application number (see 37 CFR of each sheet. The drawings should be filed as a separate pap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | t 1.84(c)) should be written on the service of the | se drawings in the top margin (na<br>sessed to the Official Draftspersor | ot the back)             |
| D. ☐ DEPOSIT OF and/or INFORMATION about the deputation of the de | posit of BIOLOGICAL MATE<br>THE DEPOSIT OF BIOLOGIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ERIAL must be submitted. No<br>CAL MATERIAL.                             | ote the                  |
| Attachment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                        |                          |
| ☑ Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2□ Notice of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Informal Patent Application (P                                           |                          |
| ☐ Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4X Interview                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | · Summary (PTO-413), Paper N                                             | (0-152)<br>In            |
| Information Disclosure Statements (PTO-1449), Paper No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6 Examine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r's Amendment/Comment                                                    |                          |
| <ul> <li>Examiner's Comment Regarding Requirement for Deposit<br/>of Biological Material</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8⊠ Examine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r's Statement of Reasons for A                                           | llowance                 |
| or biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | . Pus.                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                        | 40266                    |
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Application/Control Number: 09/427,447

Art Unit: 2166

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#### **Examiner's Amendment**

An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Mark Pohl on 12/14/01.

In claim 1: In part C, change "an anti-smoking drug" to -lobelia--.

In claim 11: In part C, change "an anti-smoking drug" to --lobelia--.

Claims 21-24: These claims are cancelled.

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### Terminal Disclaimer

The present application includes a terminal disclaimer which appears to have been misdirected to this application. The terminal disclaimer has been refused entry for the present application and will be transferred to a continuation application of the present case. No terminal disclaimer has been required for this application.

#### Reasons for Allowance

The present application includes two independent claims, 1 and 11. The closest prior art are the US Patents 5,414,005 to Schneider et al. and 5,055,478 to Cooper et al.

Application/Control Number: 09/427,447

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Schneider et al. differs from both claims 1 and 11 in that it does not disclose the usage of an educational program in combination with the usage of lobelia. Schneider et al. is primarily addressed to a sublingual form of lobelia with certain specified advantages.

Copper et al. differs from both claims 1 and 11 in that it does not disclose the combination of a non-conditioning educational program, a hypnosis program and lobelia administration.

Any inquiry concerning this communication should be directed to Sam Rimell at telephone number (703) 306-5626.

Sam Rimell Primary Examiner Art Unit 2166 REG PATENT ATTORNEYS PAGE 12

|          | Notice of References Cited                       |                                          |                  |              | 09/427,447       | /Control No.                          | Reexamina<br>SZYNALSI                   | yPatent Und<br>ation<br>(I. ALEXAND |            |
|----------|--------------------------------------------------|------------------------------------------|------------------|--------------|------------------|---------------------------------------|-----------------------------------------|-------------------------------------|------------|
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|          |                                                  |                                          |                  | II S D       | Sam Rimo         |                                       | 2166                                    |                                     |            |
|          | T                                                | Document Number                          | Date             | 0.5.77       | TIENT DOCU       | Name                                  |                                         |                                     |            |
| -        | A                                                | Country Code-Number-Kind Code US-5055478 | 10-1991          | Cooper       | ot al            | 142116                                |                                         | <del></del>                         | sification |
| -        | В                                                | US-                                      | 10-1981          | Cooper       | etal.            |                                       |                                         | 514                                 | 343        |
|          | C                                                | US-                                      |                  | -            | ,                |                                       |                                         |                                     |            |
|          | D                                                | US-                                      |                  |              | ··-              |                                       |                                         |                                     |            |
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|          | F                                                | US-                                      |                  |              |                  |                                       |                                         | ·                                   | ļ <u> </u> |
|          | G                                                | US-                                      |                  | <u> </u>     |                  | <u> </u>                              |                                         |                                     |            |
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| *        | <u> </u>                                         | Document Number                          | Date             | ľ            | PATENT DOC       |                                       |                                         | 1                                   |            |
|          | -                                                | Country Code-Number-Kind Code            | MM-YYYY          | C            | ountry .         |                                       | Vame:                                   | Class                               | ification  |
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|          | P<br>O<br>R                                      |                                          |                  |              |                  |                                       |                                         |                                     |            |
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|          | P<br>O<br>R                                      |                                          |                  |              |                  |                                       |                                         |                                     |            |
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| *        | P 0 R 0                                          |                                          | e as applicable: |              |                  |                                       | ume, Pertinent Pages)                   |                                     |            |
| *        | P 0 R 0                                          |                                          | e as applicable: |              |                  |                                       | umo, Pertinent Pages)                   |                                     |            |
| *        | P<br>Q<br>R<br>S                                 | Include                                  | as applicable:   |              |                  |                                       | ume, Pertinent Pages)                   |                                     |            |
| <b>*</b> | P Q R S T                                        | Include                                  | e as applicable: |              |                  |                                       | ume, Pertinent Pages)                   |                                     |            |
| *        | P C R S T                                        | Include                                  | as applicable:   |              |                  |                                       | ume, Pertinent Pages)                   |                                     |            |
| *        | P Q R S T U V W X                                | Include                                  |                  | Author, Ti   | ile Date, Publis |                                       | ume, Pertinent Pages)                   |                                     |            |

U.S. Petent and Trademark Office PTO-892 (Rev. 01-2001)

Notice of References Cited

Part of Paper No. 20



#### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE Valued States Industry and Trademark Office Address: COMMESCAVER OF PATENTS AND TRADEMARKS washington, D.C. 20281

| APPLICATION NO. | PILING DATE | PIRST NAMED INVENTOR     | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|--------------------------|---------------------|------------------|
| 09/427,447      | 10/27/1999  | ALEXANDER GOEN SZYNALSKI |                     | 3107             |

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02/04/2002

MARK POHL 55 MADISON AVENUE, 4TH FLOOR MORRISTOWN, NJ 07960

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| EXAMINER                               | • |
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RIMELL, SAMUEL G

ART UNIT PAFER NUMBER

DATE MAILED: 02/04/2002

Please find below and/or attached an Office communication concerning this application or proceeding.

| 01-0                                                                                                                                                                                                                                                                                                                              | Application No.                                                                           | Annileant(a)                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| (ollEcres)                                                                                                                                                                                                                                                                                                                        | whitegraph Mo!                                                                            | Applicant(s)                                                                     |
| Notice of Allowability                                                                                                                                                                                                                                                                                                            | 09/427,447                                                                                | SZYNALSKI, ALEXANDER GOEN                                                        |
|                                                                                                                                                                                                                                                                                                                                   | Examiner                                                                                  | Art Unit                                                                         |
|                                                                                                                                                                                                                                                                                                                                   | Sam Rimell                                                                                | 2166                                                                             |
| - The MAILING DATE of this communication app. All claims being allowable, PROSECUTION ON THE MERITS is herewith (or previously mailed), a Notice of Allowance (PTOL-85 NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT FOR the Office or upon petition by the applicant. See 37 CFR 1.31.  1. This communication is responsive to | 6 (OR REMAINS) CLOSED ir<br>6) or other appropriate commu<br>RIGHTS This application is s | this application. If not included                                                |
| <ul> <li>2.  The allowed claim(s) is/are 1, 6, 11, 16.</li> <li>3.  The drawings filed on are accepted by the Examin</li> </ul>                                                                                                                                                                                                   | er.                                                                                       |                                                                                  |
| 4. ☐ Acknowledgment is made of a claim for foreign priority unestable a) ☐ All b) ☐ Some* c) ☐ None of the:                                                                                                                                                                                                                       |                                                                                           | <b>(f)</b> .                                                                     |
| 1. Certified copies of the priority documents hav                                                                                                                                                                                                                                                                                 |                                                                                           |                                                                                  |
| 2. Certified copies of the priority documents hav                                                                                                                                                                                                                                                                                 | e been received in Application                                                            | n No                                                                             |
| <ol> <li>Copies of the certified copies of the priority do<br/>International Bureau (PCT Rule 17.2(a)).</li> </ol>                                                                                                                                                                                                                | ocuments have been received                                                               | In this national stage application from the                                      |
| * Certified copies not received:                                                                                                                                                                                                                                                                                                  |                                                                                           |                                                                                  |
| 5. Acknowledgment is made of a claim for domestic priority u                                                                                                                                                                                                                                                                      | inder 35 U.S.C. § 119(e) (to a                                                            | provisional application).                                                        |
| (a) The translation of the foreign language provisional                                                                                                                                                                                                                                                                           | application has been received                                                             | •                                                                                |
| 6. Acknowledgment is made of a claim for domestic priority u                                                                                                                                                                                                                                                                      | nder 35 U.S.C. §§ 120 and/o                                                               | r 121.                                                                           |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" of below. Failure to timely comply will result in ABANDONMENT of                                                                                                                                                                                                               | f this communication to file a<br>this application. THIS THRE                             | reply complying with the requirements noted<br>EE-MONTH PERIOD IS NOT EXTENDABLE |
| 7. A SUBSTITUTE OATH OR DECLARATION must be subn INFORMAL PATENT APPLICATION (PTO-152) which gives reas                                                                                                                                                                                                                           | Olited Note the attached EYA                                                              | MINER'S AMENDMENT OF MOTIOE OF                                                   |
| 8. CORRECTED DRAWINGS must be submitted.                                                                                                                                                                                                                                                                                          | •                                                                                         |                                                                                  |
| (a) ☐ including changes required by the Notice of Draftsper                                                                                                                                                                                                                                                                       | son's Patent Drawing Review                                                               | (PTO-948) etteched                                                               |
| 1) hereto or 2) to Paper No                                                                                                                                                                                                                                                                                                       | oon a radin braining racing                                                               | (110-5-0) attached                                                               |
| (b) including changes required by the proposed drawing of                                                                                                                                                                                                                                                                         | correction filed which                                                                    | has been approved by the Evaminer                                                |
| (c) including changes required by the attached Examiner                                                                                                                                                                                                                                                                           | 's Amendment / Comment or                                                                 | In the Office action of Paper No.                                                |
| identifying indicia such as the application number (see 37 CFR 1, of each sheet. The drawings should be filed as a separate paper                                                                                                                                                                                                 | 94/a)) abaidd ba aaddaa a a al                                                            |                                                                                  |
| 9. DEPOSIT OF and/or INFORMATION about the deposit attached Examiner's comment regarding REQUIREMENT FOR T                                                                                                                                                                                                                        | eit of BIOLOCICAL MATE                                                                    | DIAL manage backs a backer of a constant                                         |
| Attachment(s)                                                                                                                                                                                                                                                                                                                     |                                                                                           |                                                                                  |
| 1 Notice of References Cited (PTO-R92) 3 Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                  | ACT intentions                                                                            | nformal Patent Application (PTO-152) Summary (PTO-413), Papes No                 |
| 5☐ Information Disclosure Statements (PTO-1449), Paper No 7☐ Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                                                                                                                                          | 6 Examiner's                                                                              | s Amendment/Comment s Statement of Reasons for Allowance                         |
|                                                                                                                                                                                                                                                                                                                                   | •                                                                                         | Sam Rimell                                                                       |
|                                                                                                                                                                                                                                                                                                                                   |                                                                                           | Primary Examiner<br>Art Unit: 2166                                               |
| U.S. Datest and Trademant Chita-                                                                                                                                                                                                                                                                                                  |                                                                                           | •                                                                                |
| U.S. Patent and Trademark Office PTO-37 (Rev. 04-01) Not                                                                                                                                                                                                                                                                          | les of Allowability                                                                       | Part of Paper No. 21                                                             |

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# (12) United States Patent Szynalski

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| (10) Patent No.:     | US 6,431,874 B1 |
|----------------------|-----------------|
| (45) Date of Patent: | Aug. 13, 2002   |

| (54) | STOP SM<br>COMPOS | IOKING METHOD AND<br>SITION                                                                                  |
|------|-------------------|--------------------------------------------------------------------------------------------------------------|
| (75) | Inventor:         | Alexander Gnen Szynalski, Randolph,<br>NJ (US)                                                               |
| (73) | Assignee:         | Goen Corporation, Cedar Knolls, NJ (US)                                                                      |
| (*)  | Notice:           | Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days. |
| (21) | Appl. No.:        | 09/427,447                                                                                                   |
| (22) | Filed:            | Oct. 27, 1999                                                                                                |
| (52) | U.S. CL           | G09B 23/28 434/262 earch 514/282, 343; 424/449; 434/262                                                      |
| (56) |                   | References Cited                                                                                             |
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Primary Examiner—Sam Rimell (74) Attorney, Agent, or Firm—Pharmaceutical Patent Law, LLC; Mark Pohl

#### (57) ABSTRACT

The inventor discloses a unique, new and useful process to reduce tobacco smoking, entitled Stop Smoking Method and Composition, consisting of: (1) educating tobacco smokers regarding smoking, its physiological dangers and addictive nature, and techniques to stop smoking; (2) hypnotizing said tobacco smokers, and (3) providing dietary substances to address the nutritional needs of nicotine addiction and the nutritional challenges thereof.

8 Claims, No Drawings

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## STOP SMOKING METHOD AND COMPOSITION

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#### BACKGROUND

The prior art discloses many stop-smoking products and methods including, for example, (A) education to educate smokers regarding smoking, its physiological dangers and addictive nature, and conscious techniques to stop smoking; (B) hypnosis, to use the unconscious mind to stop smoking; and (C) nutritional supplements, addressing the nutritional challenges with regard to stopping smoking.

#### **SUMMARY**

While using each one of these three elements is known in the art. I have found that by combining all of these three elements together, they act on the three areas most important 2s for stopping smoking—the conscious mind, the unconscious mind, and the body—and are synergistically effective in helping people to stop smoking.

This synergy was unexpected. I am a Certified Hypnotist and am a Nutritionist, with over twenty years experience in 30 the fields of hypnosis, seminar presentation and nutrition. I am a member of the American Association of Professional Hypnotherapists, the National Guild of Hypnotists, the International Association of Counselors and Therapists, and am certified by the Hypnodyne Foundation. I am listed in Who's 35 Who in Executives and Professionals, and I was a finalist for the 1999 Ernst & Young Entrepreneur of the Year award. I have been a special guest on numerous national television and radio programs, and was featured on the #1 television fitness show in the country. I maintain a practice in Cedar 40 Knolls, N.J. I have successfully used hypnosis in many types of situations. I have, for example, worked with athletes to improve their athletic performance, and have worked with corporations as a sales and personal-development trainer. I am driven by a sincere passion for helping people maximize 45 their personal potential and overcome addictions to smoking and food. I enjoy a reputation for extremely high success through my seminars.

#### DETAILED DESCRIPTION

My invention therefore comprises three elements: (1) education for the conscious mind regarding smoking, its physiological dangers and addictive nature, and techniques to stop smoking; (2) hypnosis for the unconscious mind, which hypnosis addresses the unconscious mind and its way of affecting behavior; and (3) dietary substances, to address the physiological needs of a person entailed in stopping smoking.

Education. The first element of my invention is education 60 regarding smoking. This educational process can include addressing the benefits of a regular exercise program. Thus, the educational materials or program educates the smoker to engage in some form of light exercise. Not only will exercise help clear the body of the toxins acquired through smoking, 65 but exercise will also help release endorphius which relieve stress as well as making you feel good. Exercise will rapidly

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reverse the damage done to the body from smoking. If the smoker has not engaged in exercise for a long time, or the smoker has a weight problem or any other health problem, the smoker should consult their physician before starting any regimen of exercise.

In addition to this, I have found that in my preferred embodiment of my invention, the education program also addresses the physiological progression of smoking, its physiological dangers and addictive nature, and some conscious techniques to stop smoking. @1999

The physiological progression of smoking entails three discreet steps. Knowing these steps helps the smoker recognize them as they occur, and thus recognize the needs they fill.

Stage 1—Light a cigarette and inhale. This takes about 7 seconds. The deep breath of the inhale increases the flow of blood and oxygen to the heart and you feel more relaxed (not due to the cigarette, but due to the deep breath).

Stage 2-Seven seconds to fifteen minutes later, nicotine enters the liver, which in turn releases sugar into the bloodstream. This results in a physical uplift (not from the eigarette, but from the release of sugar into the bloodstream) which then in turn causes the pancreas to release insulin into the bloodstream. This gives you an energy boost. Normally, it is a temporary energy boost because the muscle cells of the body are resistant to insulin. So what happens is that your energy level goes up and then crashes, all over again. In fifteen minutes, you want to start smoking again due to the tense feelings you experience from your energy level being reduced. What we suggest is for you to sensitize your body to insulin. Before we suggest how you do this, you first should study the two diagrams pictured below. To better understand this phenomenon, we will provide an in-depth clarification of the diagrams.

Stage 3—Fifteen to twenty minutes after beginning to smoke, the nicotine interrupts the normal transmission of neurons by competing with acetylcholine at the nerve terminal, producing such effects as an increased heart rate and respiration, along with feelings of tension and of being "wired up." It also increases arousal and a sense of well-being and focused attention. A side benefit to understanding this step is to take proper nutrients so you do not allow this physical and physiological progression of smoking to occur. This will help with maintaining or even reducing weight and increasing lean muscle tissue.

In my preferred embodiment, the smoker is educated on the physiological dangers and addictive nature of smoking. These dangers are now so widely known as to not need to be discussed in detail here.

In my preferred embodiment, the person is educated on the benefits of modifying their daily diet. This addresses potential weight gain problems, one of the biggest fears of smokers.

Regarding potential weight gain, why do we gain weight when we stop smoking? Muscle cells become more sensitive to insulin. In my preferred embodiment, therefore, I recommend:

Avoid refined carbohydrates. All carbohydrates start out in their rarest edible form as complex, but we make them refined by processing, preserving, storing, drying, and cooking.

Increase physical activity, especially five to fifteen minutes after meals.

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Take 100 micrograms of chromium along with the proper cofactors, one half hour before each meal with a full class of water. The product containing chromium (CHROMIUM CHELAVITETM) that I prefer is TRIMSPA®, available from Vitamerica, Inc., Cedar 5 Knolls, N.J.

Acquire a cigarette cessation product containing the herb lobelia, which aids any withdrawal that some may experience. Lobelia is a natural herb that tricks the body into thinking it is nicotine, but it does not have the 10 side effects. In the preferred embodiment of my invention, I recommend CIGSATION™, available from Vitamerica, Inc., Cedar Knolls, N.J.

Cut back on drinking coffee and other caffeinated beverages. Sometimes the stress or anxiety that quitters 15 experience is due to the physiological effects of carfeine on the nervous system and not due to withdrawal from nicotine. 1ry drinking decaffeinated tea or some other warm decaffeinated beverage. Drinking a hot tea provides the same psychological effect as drinking hot 20 coffee.

Est bealthy, nourishing, non-processed foods and take a good vitamin supplement. Remember, the 200+ toxins in cigarette smoke have helped deplete the body of vitamins. Five eigarettes can deplete all the vitamin C 25 in the body! By eating a healthy diet, you will recover your health more quickly.

In my preferred embodiment, the smoker is educated to do this for at least the first week, preferably for the first 21 days, after stopping smoking:

Eat 3 meals a day, including breakfast

Have protein and complex carbohydrates with each meal Avoid sugar

Deink 8 glasses of non calcric liquids a day drink water 35 with lemon, seltzer, herbal tea, etc.

Keep a pitcher of water on your desk and you'll easily drink 8 glasses a day

Between meals, drink fruit juices or cat a piece of fruit Eat lots of fruits, vegetables and salads

As soon as you finish cating, leave the table and go brush your teeth

Use mouthwash whenever possible

In my preferred embodiment, the smoker is admonished. to not skip any meals (and never miss breakfast); to limit 45 ciently using unconscious means—hypnosis, refined-sugar intake (and read packaging labels); to avoid beverages with caffeine (tea, colas, coffee, hot chocolate); and, if you must have them, drink tea or coffee out of a juice glass using a straw; and NO alcohol.

We described above the change in blood sugar levels so caused by smoking and the physical and emotional response it has on the body. If your blood sugar level gets low, you will either crave a cigarette or something sweet. In either case, it will boost your blood sugar level for 10 to 20 minutes and then cause a crash, triggering another urge for a cigarette 55 or a sweet. By eating 3 meals a day, you will tend to have a stable blood sugar level, and this minimizes eigerette and eating urges. Eating protein with carbohydrates at breakfast sets the stage for stable blood sugar levels all through the day. Protein with complex carbohydrates stabilizes the blood 60 sugar.

I have also found it useful to teach persons quitting smoking to carry a nonfood item such as a swizzle stick or a low caloric food such as celery or carrot sticks. Use these to gratify any oral habit that has been developed by the 65 conditioned response of putting your hand to your mouth 250 times a day, as if you were a one pack a day smoker.

By providing the smoker with this kind of educational program, the smoker is able to consciously and analytically understand their need to smoke and to approach the decision to smoke, or to not smoke, in an analytical, dispassionate

Hypnosis. In addition to the conscious, analytical mind, one can aid the stop-smoking process by using the subconscious mind. In my invention, it is important to use both the conscious mind-via the educational program discussed above—and the unconscious mind, with hypnosis.

The subconscious mind dominates your thinking and behaviors. It is programmed using repetition and the subconscious mind basically behaves for two reasons. It tries to take you towards pleasure and it wants you to stay away from pain. For example, when you have a cup of coffee, you grab a cigarette; you get into a car, you grab a cigarette, you get stuck at a light, you grab a cigarette; you get a break at work, you grab a cigarette; you have a cocktail, you grab a cigarette. If you do not experience these triggers, you may very often go many hours without having a cigarette. It is important that you identify these scenes so we can then break the connection of the eigarettes to the scenes.

With hypnosis, the subconscious mind no longer aids the body to smoke more often, but rather aids the body to stop smoking, during precisely those periods when a smoker is accustomed to having a cigarette. Instead of the subconscious making the body scream for nicotine after a meal, or with coffee or alcohol, the subconscious will help the smoker remain calm and pain free.

When used to stop smoking, I have found that in my preferred embodiment, the hypnosis focuses on interrupting "conditioned responses" generally, and specifically, on interrupting the response to smoke. Conditioned responses are actions (e.g., reaching for a cigarette) motivated not by a consciously-perceived need, but rather by unconscious

Is smoking more of a physical or more of a psychological addiction? For example, how many times have you gone two, three or four hours without even smoking one cigarette and then in another hour you may smoke four, five or six cigarcties? Why is that? It is because certain events, or certain times of the day can trigger you to smoke a cigarette. Therefore, it is necessary to break these unconscious connections, and such breakage occurs, I found, most effi-

In my preferred embodiment of my invention, the hypnosis is done in person and is reinforced later with prerecorded media such as audio-tapes.

Hypnosis techniques are known in the art. In my preferred embodiment, I prefer the in-person hypnosis to follow a six-step protocol. The six steps are (1) neuro-linguistic programming, (2) physical positioning, (3) progressive relaxation, (4) occupying the critical/analytical factor, (5) a process of suggestion, and (6) changing the language of the subconscious.

(1) Neuro-linguistic programming is a technique known in the art. It is described in detail in the following works written since the 1960's.

The Structure of Magic, Vol.1—Richard Bandler/John Grinder

The Structure of Magic, Vol.2—Grinder/Bandler

Patterns of Hypnotic Techniques of M. H. Erickson, Vol.1 Bandler/Grinder

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Patterns of Hypnotic Techniques of M. H. Erickson, Vol.2 Grinder/Bandler

Frogs Into Princes—Bandler/Grinder Tranceformations—Grinder/Bandler

Using Your Brain for a Change-Richard Bandler Time for a Change-Richard Bandler Persuasion Engineering-Richard Bandler/John La Valle The Adventures of Anybody-Richard Bandler Science and Sanity-Alfred Korzybski

Uncommon Therapy—The Psychiatric Techniques of Erickson—Jay Halcy

Training Trances—John Overdurf/Julie Silverthorn My Voice Will Go With You-Sidney Rosen These are incorporated herein by reference.

(2) Physical positioning is important, to maintain the subject in a state which is both relaxed, yet not sleep-prone.

(3) Physical Positioning and Progressive Relaxation follow the methods known in the art, instructing the subject to progressively relax each part of their body. This can be done 15 with instructions to, for example, physically perform some act, or to mentally visualize some relaxing phenomenon.

(4) Occupying the critical/analytical factor is accomplished to my preferred embodiment by having the subject perform certain tasks which both require some conscious 20 attention, but also are not so difficult or complex as to absorb the subject's entire mental capacity.

(5) The process of suggestion is important to repeat for an effective period of time—usually at least daily for about twenty one days. This time may, however, be less when the 25 subject is relaxed, or is in a highly-emotional state.

(6) The last step is changing the language of the subconscious. This is done by repeating a desired message-e.g., "I am free from smoking"-often enough that the desired message replaces an undesired message in the subconscious 30 mind. For example, one technique is to get friends, coworkers, and family members to help you, by asking them to congratulate you for not smoking. The best way to accomplish this is to stick your hand out to a friend or family member, asking that person to shake your hand and con- 35 gratulate you for being a nonsmoker. When that person congratulates you, it is a positive reinforcement. The (former) smoker benefits from this positive feedback, and from knowing that they are doing well in stopping smoking.

In another technique I found successful, smoking is 40 described as like having a best friend. Psychologically, the cigarette is the support that a friend gives you. Imagine having your best friend there for you and then losing him or her. You would not feel very good losing your best friend. However, if you discover that your best friend was abusing 45 your children, most likely you would not feel the same about losing your best friend. You would still have some sort of attachment, but now you would be able to reason your way out of not having this person as a friend. In my preferred embodiment, the educational program teaches smokers to 50 look at smoking in the same way.

In my preferred embodiment of my invention, hypnosis is also administered by listening to a prerecorded audio script which provides stop-smoking messages and positive feedback for not smoking. Such audio tapes are commercially 55 available. In my preferred embodiment, I use an audio tane titled "Smoking Cessation," published by Vitamerica, Inc. Cedar Knolls, N.J., www.vitamerica.com, to be listened to once every day for an effective length of time, generally about twenty-one days.

Dietary Substances. The third element of my invention is using proper dietary substances. These address the physiological needs of people breaking their physical addiction to nicotine. Further, one of the biggest fears of smokers is that, in stopping smoking, they will gain excess weight. Thus, in 65 blood-brain barrier, produces some cuphoria (feeling of well my preferred embodiment, in addition to the dietary substances that support normal form and function while recov-

ering from a smoking addiction, one also uses dietary substances that support normal form and function for those seeking weight-loss or to reduce weight gain. In my preferred embodiment, I recommend CIGSATIONTM and TRIM SPECIFICS<sup>TM</sup>, dietary supplements by Vitamenica, Inc., Cedar Knolls, N.J., www.vitamerica.com.

To aid the reader's understanding, I will discuss first the biological basis of the smoking addiction. I will then discuss the dictary substances and the diet modifications I have 10 found effective to combat the physical smoking addiction the addiction to nicotine. Finally, I will discuss dietary substances to control weight gain.

What causes the addiction to nicotine? The nervous system is divided into two anatomical divisions. The first is the central nervous system, which is composed of the brain and spinal cord. The second is the peripheral nervous system, which includes neurons located outside the brain and spinal cord, which includes any nerves that enter or leave the central nervous system. The peripheral nervous system can be further divided into the efferent division, whose neurons carry signals away from the brain and spinal cord to the peripheral tissues, and the afferent division, whose neurons bring information from the periphery to the central nervous system.

Nerve impulses are transmitted along a path of cells called neurons. The neurons form a knot-like mass called ganglia. These neurons are connected by a series of bridges. The bridge is called a synapse. In order to dross the bridge, a neurotransmitter is required. Before the nerve impulses reach the relay station or bridge, they are referred to a pre-ganglionic neurons. After crossing the synapse, they are referred to as post-ganglionic neurons. The basic neurotransmitters of the autonomic nervous system are acetylcholine and epinephrine. Acetylcholine mediates the transmission of nerve impulses across autonomic ganglia in both the sympathetic and parasympathetic nervous systems.

Nicotine Receptors. These receptors, in addition to binding acetylcholine, also recognize nicotine. Nicotine initially stimulates and then blocks the receptor. There is a competitive inhibition taking place. In lay terms, the receptor has a greater affinity for nicotine than for acetylcholine. At the same time, nicotine increases the level of the neurotransmitter dopamine in a particular brain pathway which associates a molecular link between nicotine addiction and this pleasure producing pathway. This is why nicotine causes such as strong physiological addiction. Recently, scientists at Yale and at the Pasteur Institute in Paris have found that the beta 2 sub unit of a known nicotine receptor in the brain is a critical component in nicotine addiction.

To combat this nicotine addiction, it is useful to use lobelia. Lobelia inflata (also known as Indian Tobacco) is a plant. This plant contains three nicotine-like ingredients: 1) Inheline, 2) Inhelanidine, and 3) Iobelanine. On close inspection of these three ingredients one can notice that all are symmetrical molecules. In other words, if you cut them each in half, each half is the same. The only exception is with lobeline, which has a slight difference on one side of the molecule. I refer to each of these three compounds, their analogs, and derivatives, as "lobelia." After explaining some 60 basic physiology, you will see why lobelia is important.

Nicotine causes an increase in blood pressure, increases intestinal motility, stimulates the central nervous system, has an anti diuretic effect (ability to retain water), affects heart rate, affects respiration, is highly soluble and crosses the being), arousal, relaxation, and it improves attention, and crosses the placenta membrane and is secreted in the milk of

PAGE

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lactating women. The chronic effects of Nicotine include nasopharyngeal and bronchial irritation, lung cancer, cardiac irregularities, stimulated salivary secretion, and reduction of gastric acidity.

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Let us now consider the structural formulas for the active 5 constituents in lobelia. Because of their basically symmetrical structure, it appears that they have an advantage in competing with nicotine at the effector cell site. It is posmilated that these components can attach themselves to the cell site from either side of the molecule and perhaps crowd 10 out the nicotine. Later, after the nicotine is climinated from the system, lobeline will replace nicotine at the effector cell site. While nicotine is rapidly eliminated from the body within 16-24 hours, the withdrawal symptoms can last for several weeks to several months, depending upon the indi- 15 vidual.

Lobelia's action in the body mimics that of nicotine, but does not have the physiological dependence of nicotine. Lobelia exhibits a cross tolerance with nicotine, is one of the most useful systemic relaxants, has a relaxation effect on the 20 central nervous system, has a relaxing action on the autonomic nervous system, has a general relaxing action on neuromuscular action, is a powerful respiratory stimulant, equalizes circulation and relieves vascular tension, provides a truly holistic action with a combination of stimulation and 25 relaxation, and also provides the holistic action of a general relaxant with diffusive stimulation.

Recently, scientists in Japan have discovered an antidepressant component in the leaves of lobelia inflata. This probably explains why individuals feel better when taking 30

Given this physiology, the physiologic needs of a smoker can be addressed using lobelia. In addition to lobelia, I have found that other herbal substances are useful as dietary substances. Thus, in my preferred embodiment, lobelia is 35 used along with wood betony, sennel seed and licorice root and several other herbs. In addition to these vitamin-type nutritional supplements, in my invention one needs lobelia. Lobelia is also known as Indian tobacco or wild tobacco and is native to North America. It includes three components 40 significant here: lobeline, lobelanidine and lobelanine. It is pharmacologically similar to nicotine, but does not have nicotine's physiological dependency.

In my preferred embodiment of my invention, I have found it beneficial to include certain other supplements 45 derived from plants and herbs. Each the individual ingredients improves the function of lobelia alone, as each provides a specific function to enhance the efficacy of the product.

Wood Betony, Wood betony is used for its sedative and bitter properties. Its auti hypertensive properties relieve so nervous tension and dilate blood vessels, thus producing a calming effect. Wood betony can relieve headaches normally associated with nicotine withdrawal. Its bitter tonic properties also aid in nicotine withdrawal.

Fennel Seed. Fennel seed has been recognized to have 55 carminative and stimulant properties. It has been reported to have a spasmolytic effect on smooth muscles. As a result, it can be used for dyspeptic discomfort, gastrointestinal discomforts and congestion of the upper respiratory tract. Since chain smokers normally have a smoker's cough resulting in 60 congestion of the lungs, fennel seed can aid in treating that congestion. One of the constituents from the volatile oil expressed from fennel is anethol. Anothol has been shown experimentally to reduce secretions of the upper respiratory

Licorice Root. The major active ingredient in licorice root is glycyrrhizin. The glycyrrhizin is responsible for a vaso8

pressor response, which is similar to that occurring in nicotine. However, while it mimics that response, it also exhibits anti-inflammatory and an antitussive effects that is comparable to codeine in potency. This is due to the derivative 18 Beta-glycyrrhetinic acid which prevents smoker's cough. In addition, the flavonoids in licerice root have recently been shown to have strong antioxidant and antihepatotoxic activities. These activities will help cleanse the body of the free radicals and other toxic substances generated from smoking. Licorice extracts are often used in anti-smoking preparations as a flavoring agent to mask bitter nauscous or other undesirable tastes from other components of the preparation. Licorice can also be used to treat stomach irritation arising from nicotine usage.

In addition to the foregoing, I have found it useful to use also blue cohosh, black walnut husk, chamomile flower, gotu kola leaf extract, kava kava root, peppermint, sarsaparilla root, slippery elm bark, valerian root, bayberry fruit, myrrh, passion flower, ginger rout and encalyptus oil. Thus, in my preferred embodiment, I use each of these, for the following reasons.

Blue Cohosh. It has demonstrated anti inflammatory activity in animals. Blue cohosh can be used for nervous disorders.

Black Walnut Huck. Black walnut huck is a blood cleansec and oxidizer. It has been shown to be useful in lung disease and has strong anti-fungal and antibacterial properties. It is a rich diesary source of protein, indine, chromium, potassium, manganese, vitamin A and the powerful antioxidant vitamin C.

Chamomile Flower. Chamomile flower has essential oils that contain a variety of glycosides, and other important constituents and chemically related compounds. Several of the therapeutic constituents of the volatile oil are chamazulene and alpha bisabolol oxide A. Chamazulene has demonstrated anti-inflammatory activity, pain relieving, wound healing, antispasmodic and anti-microbial properties. Alpha bisaboloi has anti-inflammatory, anti-microbial and antipeptic activities. Matricin has been found to have a sufficiently stronger anti-inflammatory effect than chamazulene.

Gotu Kola Leaf Extract. The gotu kola leaves contain properties that have been shown to accelerate wound. healing, improve memory, relieve fatigue and stress, increase mental acuity and improve behavioral patterns. This produces a calming effect within the body, thereby relieving the stress associated with nicotine withdrawal

Kava Kava Root. The active ingredients in kava kava root are a group of compounds known as the kavalaciouss. They are recognized for their biological activity as a sedative, anti-convulsive and tonic. Additional constituents in kava kava root have demonstrated muscle relaxant activity and have been used for their ability to combat nervous anxiety and unrest. Kava kava also has expectorant properties. This allows the heavy smoker to expectorate residual mucus from the lungs.

Peppermint. Peppermint yields a volatile oil that is composed mainly of menthol. Menthol has long been recognized as a cooling agent in topical preparations. Also present are many other ingredients, some of which have been characterized to have biological activity. One such constituent is bisabolene, which has demonstrated to have antiinflammatory activity. Other constituents in peppermint include flavonoids such as besperetin and rutin. Also present are tocopherols, carotenoids, choline and azulenes. Azulene isolated from peppermint demonstrated anti-inflammatory and antinuclear effects in experimental animals. Peppermint

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oil is extensively used as a flavoring agent, carminative, antiseptic and local anesthetic in cold, cough and other preparations. Peppermint and their oils have been used in traditional medicine as a stomachic, stimulant, antiseptic, local anesthetic and antispasmodic in treating indigestion, 5 sore throat, nausea, diarrhea and colds.

Sarsaparilla Root. The major component of sarsaparilla is a variety of steroids which include sarsasapogenia, smilagenin, sitosterol, stigmasterol and pollinastanol, and their glycosides (saponins) including sarsasaponin (parillin), 10 smilasaponin (smilacin), sarsaparilloside and sitosterol glucoside. Sarsaparilla is reported to have hepatoprotective, diuretic and anti-inflammatory activity.

Slippery Elm Bark. The principal constituent of slippery elm back is mucilage. The mucilage has demulcent 15 (soothing) and nutritive properties. It can sometimes be used to soothe irritated lungs.

Valerian Root. Valerian root has a variety of constituents but the major one, valerenic acid, produces a nerving or sedative effect. Valerian has CNS depressant activities. As a 20 result, in states of agitation normally witnessed by smokers during withdrawal, this will have a calming effect. It has also been shown that in conditions of fatigue, the herb has demonstrated stimulating properties.

Bayberry Fruit. Bayberry fruit has been recognized to 25 have a tonic effect.

Myrrii. Myrrh is reported to have astringent effects on mucus membranes. It is often used as a flavor component to mask bitter ingredients. It has also been used as a stimulant and expectorant. The expectorant properties will help the 30 smoker remove mucus and phlegm from the lungs.

Passion Flower. Passion flower contains indole alkaloids, flavonoids and steroids. The indole alkaloids and flavonoids have tranquilizing effects. Anxiolytic and hypotensive activity has also been reported.

Gingur Root. Ginger root is used to combat nausea and vomiting, which may accompany nicotine withdrawal.

Eucalyptus Leaf Oil. The leaves contain 0.05 to 3.5% oil. The oil consists mostly of eucalyptol (1, 8-cincole). It is used in an anti-smoking formula as an expectorant to belp remove 40 mucus from the lungs.

In my preferred embodiment of my invention, these dietary substances are used as found in CIGSATION<sup>TM</sup> 100% Natural Cigarette Replacement System, commercially available from Vitamerica, Inc., Cedar Knolls, N.J. 07927, 45 www.vitamerica.com. Each of these dietary substances adds to the benefit obtained from using lobelia alone.

In addition to addressing the physical nicotine addiction, I find it useful to address the smoker's fear of excessive weight gain, by using a "weight control product," a drug or 50 dietary substances useful in controlling unnatural weight gain. Such dictary substances include chromium, choline, inositol, vanudium, gynema sylvestre, lecithin, vitamin B6, ginseng, zinc, mahuang, kola nut extract, spirulina, and methionine. Several of these are known physiological 55 stimulants, which increase thermogenesis in the hody and thus promote expending calories. I will discuss each in turn, and its usefulness in a weight-control product.

Chromium. What is chromium? It's the mineral that no body can afford to be without. Like iron, copper and zinc, 60 chromium is one of the 16 essential trace minerals the body needs to keep healthy and fit. And for people who are overweight and out of shape, chromium may be the most precious mineral of all. In its biologically active form, it helps insulin to metabolize fat, convert protein into muscle, 65 and convert sugar into energy. Chromium-activated insulin actually increases almost twenty times the amount of glu10

cose available for energy production, optimizing energy output so that you feel healthy and alive.

Chromium is the "master" nutrient for controlling blood sugar. It helps overcome sugar cravings, which is a problem with many overweight people. It also plays an important role in controlling blood lipids, lowering harmful LDL cholesterol, and increasing beneficial HDL cholesterol.

Research shows that a chromium deficiency may be a widespread problem. Many people, such as athletes, diabetics, mothers and the elderly, are at especially high risk. A lack of chromium can impair insulin function, thereby inhibiting protein synthesis and energy production. More seriously, it can even lead to type II diabetes and heart

In my preferred embodiment, the chromium is a form of chromium commercially available under the trade name CHROMIUM CHELAVITE<sup>TM</sup>, available from Vitamerica, Inc. of Cedar Knolls, N.J.

The most biologically active form of chromium, the true GTF chromium, is the basis for the molecular structure of CHROMIUM CHELAVITE™. Studies on CHROMIUM CHELAVITETS at a leading Utah university have shown that this form of chromium is clearly superior to both chromium picolinate and chromium polynicofinate in absorb ability. It had an absorption rate that was 53% greater than for chromium picolinate and 91% greater than that observed for chromium polynicotinate.

Choline. Choline is one of the most beneficial nutritional supplements. Technically, it is not a vitamin, even though it is essential for human life. There are three major functions of choline among humans. It is needed for building cell structure, it prevents or minimizes unhealthy fat deposits in the liver, and it acts as a precursor to acetylcholine. Acetylcholine is a neurotransmitter in the brain which is responsible for nerve impulses, memory, learning, mood elevation 35 and depression control.

Choline has a very positive effect on the health of the liver. It is a lipotropic agent (fat eliminator) that can cut away fats in the liver to be used instead of energy. Choline aids in weight loss by facilitating Growth Hormone (GII) releasers, controlling cholesterol, and helping control the appetite. It also helps reduce the "gut transit time", the amount of time it takes food to move through the intestines. In addition to helping speed food through the system, choline also plays an important role in the body's ability to metabolize fat and cholesterol.

Inositol. Inositol is a member of the B complex of vitamins. It provides a calming effect, nourishes brain cells, helps reduce cholesterol, slows artery hardening, prevents eczema, and is needed for hair growth and metabolism. It is found in high concentrations in the brain, and serves as a brain cell membrane stabilizer. Inositol also helps in lecithin formation, and aids the body in the metabolism of fat and cholesterol.

Vanadium. A trace mineral like chromium, vanadium is essential for cellular activity and for the formation of bones and teeth. It also inhibits the synthesis of cholesterol and lowers certain forms of high blood pressure. It works remarkably well as a powerful insulin mimic and has been shown to normalize blood sugar levels, even in diabetics.

Gynema Sylvestre. This tropical herb is beginning to receive much attention due to impressive results in recent studies. Gynema Sylvestre appears to have a positive effect in lowering blood sugar levels, especially in diabetics. Research also suggests that it can help curb sugar absorp-

Legithin. Legithin is part of every single cell in the body, but has its greatest concentration in the brain. About 17-20%

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of the brain is made up from lecithin. Lecithin is an emulsifier. It is used in the manufacture of chocolate, because it keeps it liquid and it keeps it moving. Lecithin does the same thing for the fat in the human body; it keeps it moving, right out of the body.

Legithin is a natural diviretic and an effective cholesterol reducer. It helps prevent the buildup of cholesterol on arterial walls, thus improving the circulation of the blood. One study that examined 900 men for atheroselerosis (fat 36% lecithin in the blood had no atherosclerosis. Those with less than 34% showed evidence of the disease.

Lecithin is also the source of two of the hardest to find B-Complex relatives, choline and inositol. A major function of legithin is to supply choline in the diet. Choline (see entry) 15 has the function of breaking down fat deposits in the body. Our bodies do not manufacture enough choline. Therefore, we must rely upon our food and supplements such as lecithio to make sure that we get enough.

Vitamin B6. Vitamin B6 aids in more bodily functions 20 than any other single nutrient. It facilitates the body's use of carboliydrates, proteins and fats. It promotes mental performance by aiding in the transport of amino acids, which are used by the brain to increase mental energy and memory. It also promotes the transport of choline, and aids in the 25 breakdown of glycogen, the primary fuel for the brain.

Ginseng. For centuries, the Chinese have testified to the beneficial effects of Ginseng on longevity. Ginseng provides stimulation to the entire body, helping to overcome stress and fatigue. Ginseng can regulate and normalize blood 30 pressure and blood sugar levels. It has been called a cure-all and has also been claimed to be a mild sexual stimulant. Over all, Ginseng has a phenomenal effect on the body's energy level.

Zinc. Zinc is another important trace mineral that is used 35 by more than 200 enzymes to keep the body's major metabolic systems going strong. In addition to its role in metabolism, zinc is a potent antioxidant, profoundly important in unhancing the immune system, stimulating cellular growth, reducing excess levels of damaging free radicals, 40 and improving general health.

Mahuang, Mahuang, also known as ephedra, contains a potent alkaloid, ephedrine. This natural stimulant increases the basal metabolic rate, which helps to burn calories more effectively. It has also been used as a remedy for kidney and 45 bladder problems, as well as for colds, asthma, and hay

Kola Nut Extract. This is a natural stimulant that increases energy and stamina. It has been found to be very useful in preventing fatigue. Kola Nut Extract also acts as a tonic 50 agent for the heart, and it is sometimes useful in relieving pain, neuralgia, and headache.

Spirulina. This famed blue-green algae contains concentrations of nutrients unlike any other single grain, plant or herb. This super nutrient is a naturally digestible food that 55 aids in protecting the immune system, in cholesterol reduction and in mineral absorption. It also helps to cleanse and heal, while also curbing the appetite.

Methionine. Methionine is an amino acid that assists the gall bladder function by helping to synthesize bile salts. It is 60 a lipotropic substance that prevents the deposits of and cohesion of fats in the liver. It is also reported to be a growth hormone releaser.

It serves as an antioxidant in the brain. It helps prevent the buildup of heavy metals and plays an important and essential 12

role in the production of the brain neurotransmitter choline. Methionine is not found in the body. Therefore, it must be gotten via food and supplementation. It is also a good source of sulfur, and its therapeutic lipotropic effects belp to eliminate fatty substances from the body.

Each of these dietary substances can be found in TRIM SPECIFICS<sup>TM</sup>, available from Vitamerica, Cedar Knolls, N.J., www.vitamerica.com.

Without further claboration, it is believed that one skilled deposits in the arteries) showed that those with more than 10 in the art can, using the preceding description, utilize the present invention to is fullest extent. The examples I discuss here are included as the preferred embodiment of my invention, and not to further qualify the description.

I claim:

- 1. A method for helping a tobacco smoker to stop smoking, said method comprising the steps of:
  - (A) providing to a tobacco smoker a non-conditioning, educational program to educate said tobacco smoker's conscious mind, said educational program including education both on the disadvantages of smoking and on conscious techniques to stop smoking,
  - (B) providing to said tobacco smoker at least one hypnosis program to train said tobacco smoker's subconscious mind to discourage said tobacco smoker from performing smoking behavior, and
  - (C) providing to said tobacco smoker an anti-smoking drug in an amount effective to aid in the reduction or cessation of said tobacco smoker's craving to smoke tobacco,
  - such that said tobacco smoker can be helped to stop smoking.
- 2. The method of claim 1, where said hypnosis program comprises prerecorded media useable by said tobacco smoker when alone.
- A product to aid a tobacco smoker in ceasing to smoke tobacco, said product comprising:
  - (A) means for educating said tobacco smoker's conscious mind, said educational program including nonconditioning education both on the disadvantages of smoking and on conscious techniques to stop emoking,
  - (B) means for hypnosis to train said tobacco smoker's subconscious mind to discourage said tobacco smoker from performing smoking behavior, and
  - (C) an anti-smoking drug in an amount effective to aid in the reduction or exstation of said tobacco smoker's craving to smoke tobacco.
- 4. The product of claim 3, where said means for hypnosis comprises prerecorded media useable by said tobacco smoker when alone.
- 5. The method of claim 1, further comprising the step of: (D) providing to said tobacco smoker, at least one weightcontrol product, in an amount effective to aid in weight
- 6. The method of claim 5, where the weight control product includes at least one stimulant in an amount effective to aid in weight control.
- 7. The product of claim 3, further comprising: (D) at least one weight-control product in an amount effective to aid in weight control.
- 8. The product of claim 7, where the weight control product includes at least one stimulant in an amount effective to aid weight control.